



Newton **Community School District**

Kindergarten Round Up Registration Packet

If your child will be 5 by September 15, 2019, please return these forms to the EJH Beard Administration Center, to Melinda Worthington. These can be returned by:

- scanning and emailing to worthingtonm@newton.k12.ia.us
- faxing to 641.792.9159
- mailing to 1302 1st Ave W, Newton, Iowa 50208
- dropping off at 1302 1st Ave W, Newton (Admin Center)
- dropping off at any ELEMENTARY attendance center
- PLEASE RETURN BY March 8, 2019

Parent Meeting for incoming Kindergarten students will be: March 28, 2019, 6pm, at your child's home school

Round Up Dates: April 8 and 9, 2019

Round Up Conference dates (if needed): April 16th (AH and EH) or 23rd (TJ and WW). Teachers will contact you to set a time.

There are three, 2 hour sessions: 8 am - 10 am; 10:30 am - 12:30 pm; and 1:30 pm to 3:30 pm. Students are expected to attend **BOTH** days. On the next page, please indicate your time preference (1st, 2nd, 3rd), and we will do our best to accommodate those requests.

Next Steps:

1. Complete the enclosed forms by printing in blue or black ink
2. Return the Kindergarten Parent Questionnaire as soon as possible
3. Upon return of this information, you will receive an email to complete the registration process (online registration), and verify your child's attendance center
4. Attend the Parent meeting. At that time, you will find out
 - a. What time slot your child will attend Round-Up
 - b. What forms will be required before your child starts Kindergarten
5. **Keep this sheet for your reference**

PLEASE NOTE: Round up will be at the "home" school, the school whose boundaries you live in.

It is the policy of the Newton Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. Inquiries and grievances may be directed to the Administration Office, 1302 1st Ave W, Newton, Iowa 50208.



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The following questions are designed to provide information that will enable us to understand your child and meet his/her needs. Please return this form WITH YOUR REGISTRATION PACKET as described on the cover sheet. Thank you

PERSONAL INFORMATION:

Child's given name: _____ Name to be used at school: _____

Date of Birth: _____

Name(s) of Parent(s)/Guardian(s): _____

With whom does the child reside? _____

Other members living in that household? _____

SOCIAL/EMOTIONAL DEVELOPMENT

Has your child attended Preschool? Yes No _____ number of years

Has your child attended Daycare?

Yes No ___ in home ___ center _____ number of years

Does your child have any fears that would affect him/her in the classroom?

Describe how your child usually meets new situations: shy/afraid/confident/loud/over active

Medical Information

Does your child have any food/medicine/environmental allergies? Yes/No (please circle response)

If yes, please explain: _____

Does your child have any physical/medical concerns or limitations that we should be aware of? Yes/No

If yes, please explain: _____

Does your child take medication on regular basis? Yes/No

If yes, please explain: _____

Will this medication need to be administered at school? Yes/No

Expectations For School

Is your child looking forward to coming to school? Yes/No (please circle response)

Why or why not?

List several expectations you have for your child's kindergarten experience:

In the space below, write anything you think the teacher should know about your child:
