



**Kindergarten  
Information  
Packet**



Dear Parents,

Please have your child wear his/her bear name tag to school until Friday, August 30th. Each Kindergarten class is color-coded. The bear will aid patrols and teachers in assisting your child to the correct group of children in the gym and classroom. Remember to drop your child off at the gym door from the carpool line or the children will be brought from the bus to the gym. We promise that your child will be fine. If a problem should arise, we will call.

KA, Ms. Coman's class are the Blue Bears.

KB, Ms. Ray's class are the Red Bears.

KC, Ms. Feger's class are the Yellow Bears.

Thank you,

The Kindergarten Team

P.S. We have yet to call any parent about a child not able to adjust to the first day of school. More parents have tears in their eyes than do the students.



### Snacks

The Kindergarten students have a morning snack in the cafeteria. This consists of white milk, chocolate milk, water or juice and a cafeteria provided snack. If the child does not want the provided snack, he or she may simply say "No, thank you." If your child is allergic to milk, please send in a doctor's note (this is kept on file in the cafeteria) and water will be provided at snack and lunch.



### Clothing Notes

**Girls** need to wear shorts or leggings under skirts or jumpers. You may want to look now for shorts or leggings that will fit your child in the spring. If not wearing a jumper, girls need to practice tucking in their shirts.

- No bracelets or excessive costume jewelry allowed.
- Simple bow or plain headbands are allowed. Please no headbands with "ears", pom poms, etc.

**Boys** need to practice tucking in their shirts. Please practice this until your son is proficient at this skill. We often start the year with boys who are unable to handle this after restroom breaks. Belts are not required.

Please send in an extra set of clothes in case of accidents. This change of clothes may or may not be an uniform-it's your choice. Be sure to include underwear, socks, shorts or skirt and a shirt. If a change of clothes is readily available, it is less stressful for your child if there is an accident. An accident could be paint, water or food related in addition to bathroom accidents. Place these clothes in a plastic zip-loc bag **clearly labeled with your child's name.**



### **Birthday Celebrations**

Your child's birthday is a special event. A special snack should be brought in through carpool in the morning with your child or through the office. This will be the snack provided for that day for our class. All foods must be packaged and have an ingredient label and come from a commercial kitchen. Your child's teacher will let you know if there are foods to which classmates are allergic. **Please provide only one choice of a snack.**

The children are taught to be thankful for what is served, and it takes way too long for each child to make a selection. In other words, **please do not** send white and chocolate cupcakes, or white cupcakes and a variety of frostings. Treats that have worked well in the past include cookies, cupcakes, ice cream cups, and donuts. Large cakes or giant cookies that need to be cut require too much prep time and we are not equipped to handle that type of treat. We ask that you not send in favors; it becomes too expensive for some.

If you are planning a birthday party outside of school, there are protocols for invitation distribution. **Invitations** may be given in class if all girls, all boys, or all students in that classroom are invited. If you have fewer, you'll need to mail the invitations. Invitations to one or a few in another classroom may not be given at school.

Thank you for being supportive of our special programs.

## Lunch Tickets



1. Consult the monthly menu on the St. Albert the Great website.  
Go to: [www.schoolstalbert.org](http://www.schoolstalbert.org)  
Lunch menu  
Click on the month and print for further use.
2. Fill out the colored Daily Lunch Order that comes home each week and return it on Monday. Print your child's name, date, and student ID # on each day, **even if your child is a bringer**. If buying, write the entrée (it is not necessary to list the other choices). The cafeteria workers will ask your child about side dishes as they go through the line. Extras cost extra. We ask that you wait until later in the year to include these. If there are any changes to the menu during the week, please send a note in your child's folder so that it can be changed on your child's slip.
3. Send money or check in a labeled envelope to your child's classroom so it can be forwarded to the cafeteria to be added to your child's account. Be sure to do this before your child runs out of money. Your child's ID# must be on the memo line of all checks for their lunch account.
4. Practice your child's ID# daily, as they need to be able to punch in their numbers themselves.

## Kindergarten Report Card Skills

### Religion

1. Involvement and interest in class
2. Participation and behavior in Church
3. Makes the Sign of the Cross

### Math

1. Identifies shapes and attributes
2. Identifies numbers up to 100
3. Counts orally up to 100
4. Counts backwards from 30 by 1's
5. Counts using 1:1 correspondence
6. Compare numbers using objects and numerals
7. Writes numbers 0-30 Clearly
8. Represent numbers with objects
9. Sorts and classifies
10. Sequences days of the week
11. Sequences months of the year
12. Counts by 10's to 100
13. Recognizes positions 1st -10th
14. Performs simple addition
15. Performs simple subtraction
16. Fluently adds numbers up to the sum of 5
17. Fluently subtracts using numbers 0-5
18. Knows addition and subtraction symbols/vocabulary
19. Understands graphing
20. Collects data using tally marks
21. Identifies coins
22. Knows coin values
23. Tells time to hour
24. Knows the features of an analog clock
25. Measures with non standard units
26. Identifies standard measuring tools

### Reading Readiness and Phonemic Awareness

1. Recognizes the alphabet
2. Identifies letter sounds
3. Recognizes color words

4. Recognizes number words
5. Recognizes sight words for the trimester
6. Sequences story events
7. Identifies and produces rhyming words
8. Attempts decoding skills
9. Able to decode words
10. Reads simple sentences

### **Writing Readiness**

1. Works from left to right
2. Uses beginning sounds when writing
3. Uses beginning sounds and some words when writing
4. Age-appropriate writing skills (capitalization, period, etc.)

### **Language Development**

1. Age-appropriate verbal communication
2. Participates in discussions/asks questions

### **Fine Motor Skills**

1. Prints first name and last name in D' Nealian
2. Holds pencil correctly
3. Cuts properly
4. Manages clothes independently
5. Prints D' Nealian letters correctly
6. Writes neatly on lined paper

### **Social Development**

1. Gets along with others
2. Exhibits self control
3. Participates in classroom activities
4. Listens attentively
5. Raises hand and waits for turn
6. Respects and accepts authority
7. Behaves on the playground
8. Respects the property of the school and others
9. Obeys school and classroom rules

### **Work Habits**

1. Does best work

2. Keeps hands and feet to self
3. Completes activities in a timely manner
4. Is responsible for school materials
5. Works well independently
6. Works well cooperatively
7. Completes homework
8. Follows directions for completing assignments

### **Science**

1. Interest and involvement

### **Social Studies**

1. Interest and involvement
2. Knows phone number
3. Knows address
4. Knows birthday

**Please return the following forms to your child's classroom by Open Classroom Day on Monday, August 12th.**

1. Transportation Sheet
2. Daily Lunch Order form for the first week (Wednesday-Friday)
3. Let your child's teacher know in writing of any allergy or other health concerns.

**Return to your child's classroom by the first day of school, Wednesday, August 14th.**

1. Introductory Questionnaire
2. First Homework - "Getting to Know Me"- Be sure to include a photo and a drawn picture of your child.

**\*\*Any of these forms may be returned at the Parent Orientation meeting on Thursday, August 8<sup>th</sup>.**

**Return this completed form by Kindergarten Orientation on August 8th if possible.**

**Kindergarten Transportation**

Child's Name

---

Person filling out form

---

Relationship to child

---

After school my child will:

\_\_\_\_\_ Go to St. Albert Play Cafe every day.

\_\_\_\_\_ Ride Bus # \_\_\_\_\_ to and from school.

\_\_\_\_\_ Walk home with \_\_\_\_\_.

\_\_\_\_\_ Be picked up in carpool by any of the following people:

---

---

---

**If the first week of school is different, please note below:**

---

---

Signature & Date: \_\_\_\_\_

Notes may be made on the back side.



Kindergarten Questionnaire

**Please answer all questions and return at Kindergarten Orientation on August 8<sup>th</sup> or by Open Classrooms on August 12<sup>th</sup>.**

Child's name \_\_\_\_\_ \*Birthday \_\_\_\_\_

\*Parents' names \_\_\_\_\_

\*Address \_\_\_\_\_ Zip \_\_\_\_\_

\*Home Phone \_\_\_\_\_ \*Cell Mom \_\_\_\_\_

\*Cell Dad \_\_\_\_\_ Mom Work Phone \_\_\_\_\_

Dad Work Phone \_\_\_\_\_

\*Name and ages of siblings (star those that live at your house)

\_\_\_\_\_  
\_\_\_\_\_

Parents' occupation and places of employment

Mom \_\_\_\_\_

Dad \_\_\_\_\_

Other emergency contact \_\_\_\_\_

Does your child know this (\*) information? \_\_\_\_\_

Who lives at the child's home? (If there is a parent who does not live at home, but is involved in the child's life, please describe the relationship with that parent. How often does the child see that parent?)

\_\_\_\_\_  
\_\_\_\_\_

If your child lives at two homes (as in a divorce) please indicate how you would like me to assist you in keeping both sides informed of school progress, events, activities, etc.

Has your child had previous preschool experience? If so, where and # of years attended?

\_\_\_\_\_  
Does your child have any hobbies? \_\_\_\_\_

Which of these skills has your child acquired?

\_\_\_\_\_ Recognizes name in print

\_\_\_\_\_ Prints name

\_\_\_\_\_ Counts to .....(How far?)

\_\_\_\_\_ Knows left from right

\_\_\_\_\_ Names colors

\_\_\_\_\_ Names Shapes

\_\_\_\_\_ Recognizes numerals (1-10)

\_\_\_\_\_ Recognizes alphabet

\_\_\_\_\_ Recognizes letter sounds

\_\_\_\_\_ Can tie shoes

\_\_\_\_\_ Can button/zip own clothing

\_\_\_\_\_ Has experience with scissors and glue

\_\_\_\_\_ Can hold a pencil correctly (with a tripod grip)

How often do you read to your child? \_\_\_\_\_

Please list some of your child's favorite stories. \_\_\_\_\_

Is your child accustomed to going to Church with you? If so, which Church?

Which hand does your child prefer? \_\_\_\_\_

How much time does your child spend watching television, playing video games or "screen time" per day?

How much time does your child spend playing outside per day? What are some of your child's outside activities?

What is your child's bedtime on school nights? \_\_\_\_\_

What situations make your child anxious or tense? How does your child usually react? How do you respond and calm him/her?

What discipline techniques work best for your child?

What is your child accustomed to doing for him/herself (for example: dressing, carrying/emptying backpacks, clearing dishes, feeding pets, etc)?

Does your child have any physical difficulties, allergies or medical issues that I should know about?

What has caused the most stress in your child's life so far? Are there any current stressors in your child's life?

Are there any special circumstances that could affect adjustment or performance in school?

---

---

Are there any bathroom issues about which we need to know? \_\_\_\_\_

---

Please comment on any concerns that you, your child's doctor or a previous teacher have had regarding your child?

---

---

Hearing: \_\_\_\_\_ Date of last exam \_\_\_\_\_

Vision: \_\_\_\_\_ Date of last exam \_\_\_\_\_

Speech: \_\_\_\_\_

Any Educational testing: \_\_\_\_\_

Has your child qualified for First Step Services, Speech, etc? \_\_\_\_\_

---

What are your expectations of this Kindergarten Program? \_\_\_\_\_

---

Is there anything else that you would like us to know about your child?

---

---

Signature of person filling out this form:

Date \_\_\_\_\_ Relationship to student \_\_\_\_\_

## First Assignment - due the first day of school

**Topic:** Get to Know You

**Assignment:** Work with your child to complete the All About Me page. Print off the "All About Me" page. Your child can answer the questions or you may write their answers for them. They should draw a picture of themselves in the triangle "This is Me" section on the front. Remind your child to try to include all the important parts (head, facial features, body, arms, legs and feet). Be sure the picture looks like him or her (same color hair, skin, etc). Attach a photograph of your child to the back of the banner.

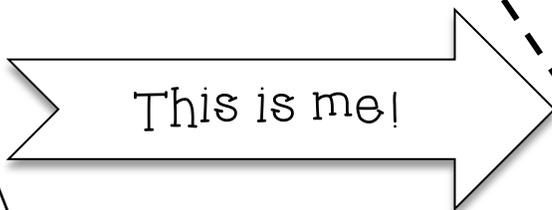
**Thank you for your help with this special project!!**



# All About Me!

My Name: \_\_\_\_\_

My Age: \_\_\_\_\_



My favorites!

Color: \_\_\_\_\_

Food: \_\_\_\_\_

Animal: \_\_\_\_\_

\_\_\_\_\_

Book: \_\_\_\_\_

\_\_\_\_\_





## Guidelines for the Kindergarten Playground Equipment

- Stay on mulch area; do not go in the grass or walk on black edging unless given permission by assistant or teacher
- Keep mulch on the playground area; no throwing or playing in the mulch
- High 3-ring equipment is off limits for the Kindergarten students
- Limited numbers on round jumping equipment
- Slides are for sliding down, no climbing up slides
- No jumping off high areas of playground equipment
- No hanging upside down from any of the equipment
- No pushing
- Running is **not** allowed on the mulch area of the playground
- Bench is for tying shoes or injured students
- Exit playground from opening near the bench (no pushing to exit)