



SCOTT PONZETTI, VICE PRINCIPAL

parents will be notified immediately to pick up their child. Until parents arrive, these children will be separated from the other children and cared for by the school nurse. An *alternate plan* for your child must be established if you are unable to pick up your child, or if you cannot be reached by telephone during the workday. This plan must be given to the school nurse who will keep it on file.

Please notify us immediately of a change of address or phone number. We need to have working phone numbers at all times. In the event of an emergency, we will need to reach a parent or guardian.

**Q. Will my child need a doctor's note upon returning to school after an illness?**

- A. School policy requires that you send in a note with your child to return to school when he/she is absent for any reason. Absences of five (5), or more, days require a doctor's note. Vacations are considered unexcused absences.

**Q. What should I do if my child is late to school?**

- A. Late arrivals make for a difficult transition and children miss important learning activities. **If your child does arrive after 8:00 a.m., they are considered late therefore you must escort your child to the office and sign him/her in.**

**Q. What if I must pick my child up before the close of the day?**

- A. On the rare occasion that your child will need to be picked up before the close of the day, please stop in the office and sign him/her out. The school will only release your child to a person authorized by the custodial parent. Anyone who is authorized to pick up a child will be asked to provide picture identification. Teachers will not release any child without permission from the office.

**Q. Is transportation provided for Kindergarten?**

- A. Yes, transportation is provided. Kindergarteners must demonstrate acceptable behavior, both at the bus stop, and on the school bus.

**Q. When will I find out my child's bus number and time of departure and arrival?**

- A. The transportation information will be mailed with the school information by the Vineland Board of Education in August.

**Q. How do I reach the transportation office?**

- A. If you have any transportation questions or concerns, please contact the Vineland Board of Transportation office at 856-794-6700.

**Q. What if my child misses the bus?**

- A. If your child misses the bus, it is the responsibility of the parents or guardians to arrange transportation to the school.

**Q. How should I dress my child for kindergarten?**

- A. Please see uniform policy.

**Q. Will there be parent conferences for kindergarten?**

- A. Yes, parent conferences are held twice a year. At this time you will receive information regarding your child's progress. If you have any questions or concerns about your child's progress or classroom activities please feel free to contact the classroom teacher to set up a meeting.

**Q. Will my child receive music, art, physical education, and dance and drama instruction?**

- A. Yes, children will have the opportunity to participate in art, music, dance, physical education, and drama on a weekly basis.

**Q. What about books?**

- A. It is important to read many different types of books to and with your child. Try to engage him/her in conversations about the story, the characters and the problems they may be facing. Ask your child what he/she would do in a similar situation. This will encourage your child to "think" about the story as you read it.

**Q. What types of books should I read to my child?**

- A. The children of today are fortunate to be able to hear wonderful literature at a very young age. The books of today have interesting stories and beautifully illustrated pictures. If you are not sure, ask the local library, or go to a local bookstore and ask for assistance. Alphabet books are an excellent choice for young children as well as books by Tomie DePaola, Patricia Polacco, Bill Martin, Eve Bunting, Leon Lionni, Lois Ehlert, Jane Yolen, Mem Fox, and Angela Johnson. Not only should you read, but you should also just recite old-fashioned "nursery rhymes" to your child. This should begin when your child is an infant. When is the best time to do this? Whenever you are in the mood. Singing and reciting nursery rhymes during bath time is great or when walking up/down stairs. Learning nursery rhymes helps prepare a child for reading by hearing the "sing-song" pattern of songs, rhymes and poems. They develop a sense of rhyming, understand beginning sounds, and are able to begin or blend and segment sounds in words. These skills are all necessary for beginning reading to take place. Try to engage him/her in conversations about the story, the characters and the problems they may be facing.

**VPCS**  
**Kindergarten Supply List**  
**2018-2019**

- **A backpack (big enough to hold a pocket folder and a lunch box)**
- **Lunch Box**
- **6 Large Glue Sticks**
- **2 packs thick/2 Packs thin of EXPO Dry Erase Markers**
- **2 Packs of Ticonderoga Pencils (Thick)**
- **2 Packs of Ticonderoga. 2 Pencils**
- **2 Boxes of Tissues**
- **2 Containers of Lysol Wipes**
- **1 Pack of 500 sheet Multicolored Construction Paper**
- **1 Pack of Baby Wipes**
- **1 Pack of 24 Crayola Markers**
- **1 Pack of erasers**
- **1 Composition Notebook**
- **1 Pair Safety Scissors**
- **Smock-Art**

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

### SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier _____		
Parent/Guardian Name _____	Home Telephone Number ( ) - _____	Work Telephone/Cell Phone Number ( ) - _____	
Parent/Guardian Name _____	Home Telephone Number ( ) - _____	Work Telephone/Cell Phone Number ( ) - _____	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>			
Signature/Date _____		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: _____	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:    	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

#### IMMUNIZATIONS

Immunization Record Attached  
 Date Next Immunization Due: \_\_\_\_\_

#### MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

#### PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print) _____	Health Care Provider Stamp: _____
Signature/Date _____	