

# **Kindergarten Orientation Class of 2027**

**Churchill Elementary  
May 13, 2021**

# Staff Introductions



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- Mrs. Rachel Solomon-Principal
- Mr. Chuck Brewster-Assistant Principal
- Nurse Rachel Seifert
- Mrs. Kathy Maxon-Administrative Assistant
- Ms. Katie Bocek-Teacher
- Mrs. Patsy Mertz-Teacher
- Mrs. Luciana Lozano-Dual Language Teacher
- Mrs. Amy Wagner-Teacher

# Nurse Info - Rachel Seifert, School Nurse

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The Health Office wants all of our students to be healthy and happy.

- An up to date physical and immunization record is needed in order for your child to attend school. If you have not done this - Please make this appointment now.
- Vision exam and dental exam are required at later dates
- The most up to date COVID protocols for school will be followed.
- Food allergies or other health concerns - please contact Nurse Rachel
- Medications (prescription or over the counter) at school require doctor's orders on the district form.
- Please reach out to me anytime via phone or email ([rseifert@d41.org](mailto:rseifert@d41.org)).

# Physical-Parent must complete the top highlighted area

Last	First	Middle	Birth Date	Month/Day/Year	Sex	School	Grade L
<b>HEALTH HISTORY</b> <b>TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</b>							
ALLERGIES (food, drug, insect, other) Yes <input type="checkbox"/> No <input type="checkbox"/> List: _____		NEUTROPENIA (prescribed or not) Yes <input type="checkbox"/> No <input type="checkbox"/> List: _____		Loss of function of one of paired organs? (eye/ear/kidney/testicle) Yes <input type="checkbox"/> No <input type="checkbox"/>		Respiratory infections? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child wakes during night coughing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Developmental delay? Yes <input type="checkbox"/> No <input type="checkbox"/>		Surgery? (List all) When? What for? Yes <input type="checkbox"/> No <input type="checkbox"/>		Serious injury or illness? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth defects? Yes <input type="checkbox"/> No <input type="checkbox"/>		Blood disorders? Hemophilia, Sickle Cell, Other? Eosinophil? Yes <input type="checkbox"/> No <input type="checkbox"/>		TB skin test positive (past/present)? Yes <input type="checkbox"/> No <input type="checkbox"/>		TB disease (past or present)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>		Head injury/Concussion/Passed out? Yes <input type="checkbox"/> No <input type="checkbox"/>		Tobacco use (type, frequency)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Alcohol/drug use? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seizures? What are they like? Yes <input type="checkbox"/> No <input type="checkbox"/>		Hear problem/Shortness of breath? Yes <input type="checkbox"/> No <input type="checkbox"/>		Family history of sudden death before age 50? (Cause)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other _____	
Hear muffled/High blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dizziness or chest pain with exercise? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other contact lens? (worn) eye, sleeping, life, swimming, difficulty reading) Yes <input type="checkbox"/> No <input type="checkbox"/>		Signature _____ Date _____	
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____		Ear/hearing problems? Yes <input type="checkbox"/> No <input type="checkbox"/>		Bone/joint problem/injury/scoliosis? Yes <input type="checkbox"/> No <input type="checkbox"/>		Information may be shared with appropriate personnel for health and educational purposes. Parent/Guardian _____	
<b>PHYSICAL EXAMINATION REQUIREMENTS</b> Entire section below to be completed by MD/DO/APN/PA							
<b>DIABETES SCREENING (not required for day care)</b> BMI=85% or less Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> Nephic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Health Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acromioclavicular joint) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>LEAD RISK QUESTIONNAIRE:</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery and/or kindergarten. (Blood test required if resides in Chicago or high risk ZIP code)			
Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/>				Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
TB SKIN OR BLOOD TEST? Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to a high prevalence country or those exposed to adults in high-risk categories. See CDC guidelines. <a href="http://www.cdc.gov/diseases/tb/tb-tests.htm">http://www.cdc.gov/diseases/tb/tb-tests.htm</a>				Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			
No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Reported _____				Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			
<b>LAB TESTS (recommended)</b>		Date		Results		Date	
Hemoglobin or Hematocrit						Sickle Cell (when indicated)	
Urinalysis						Developmental Screening Tool	
<b>SYSTEM REVIEW</b>		Normal		Comments/Follow-up/Needs		Normal	
Skin						Endocrine	
Ears				Screening Result:		Gastrointestinal	
Eyes				Screening Result:		Genito-Urinary	
Nose						Neurological	
Throat						Musculoskeletal	
Mouth/Dental						Spinal Exam	
Cardiovascular/RTS						Nutritional status	
Respiratory				Diagnosis of Asthma <input type="checkbox"/>		Mental Health	
Currently Prescribed Asthma Medication:						Other	
<input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist)						DIETARY Need/Restrictions	
<input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)							
NEEDS/MODIFICATIONS required in the school setting							
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/shoe							
<b>MENTAL HEALTH/OTHER</b> If there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: _____							
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)							
<b>PARENT/GUARDIAN</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>				<b>SCHOOL OFFICIAL</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>			
Print Name _____		Signature _____ (MD, DO, APN, PA)		Signature _____		Date _____	
Address _____				Phone _____			

# Kindergarten Arrival & Dismissal Expectations

## Be Safe

- Use crosswalk at the corner of Geneva & Kenilworth when walking
- Have your child exit on the curb side of the car and use walking feet
- NO CELL PHONES in the car line

## **Be prompt. Arrive on time. Pick-up on time.**

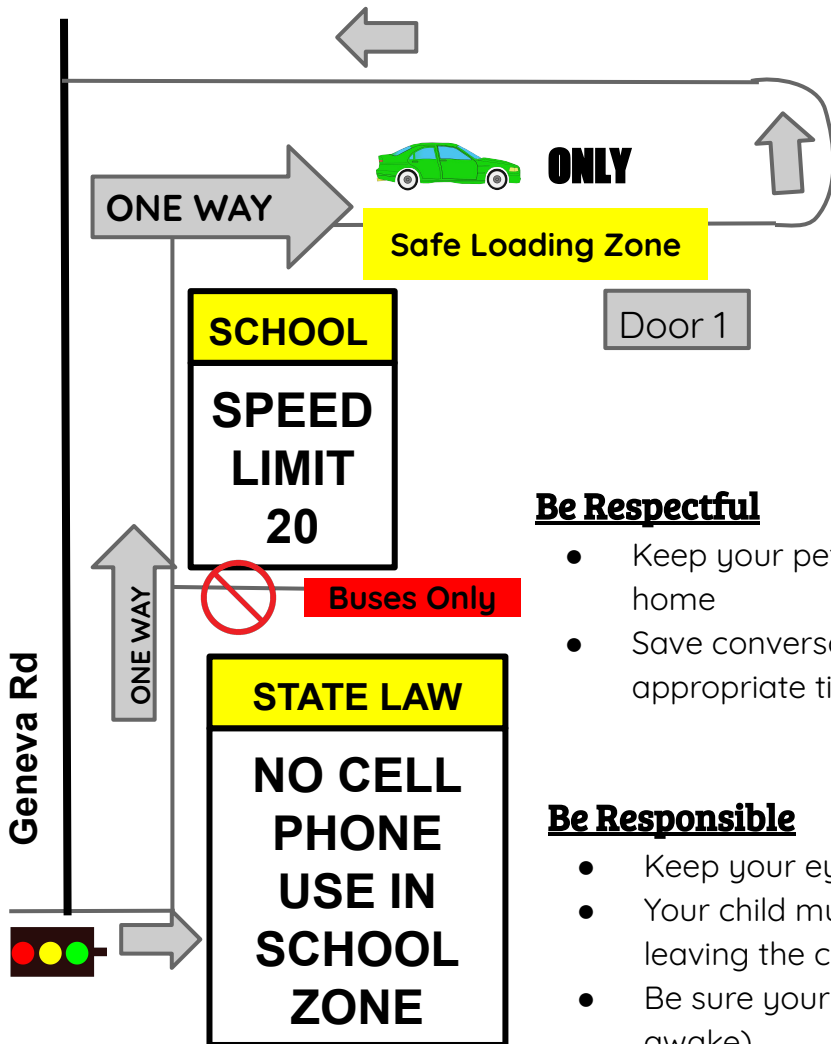
- AM arrival time: 8:20-8:30am  
AM session starts at 8:30am
- AM dismissal time: 11:00am
- PM arrival time: 12:50-1:00pm  
PM session starts at 1:00pm
- PM dismissal time: 3:30pm

## Be Respectful

- Keep your pets at home
- Save conversations for appropriate times

## Be Responsible

- Keep your eyes forward and watch for moving vehicles and children
- Your child must be “hands free” upon arrival to school (no toys or food when leaving the car)
- Be sure your child is ready for school when you arrive (dressed, fed, and awake)



# Literacy Skills to Work on with Your Child

- Starts with your child's name
  - Recognize, Read, Write
- Uses symbols, drawings, or letters to express ideas
- Recite the alphabet (without singing the ABC song)
- Recognize the names and sounds letters in the alphabet
- Print concepts
  - hold a book right side up with the spine on the left
  - front cover showing
  - read left to right
- Echo simple text that is read to them
- Answers simple comprehension questions
- Make a rhyme
- Participates in repeating a familiar song, poem, nursery rhyme, or book
- Read to your child



# Math Skills to Work on With Your Child

- **Count things at home all the time!**
  - Play number games
  - Look at a calendar
  - Count as they pass out food at mealtime
- **Help your child recognize patterns**
- **Help your child develop reasoning skills**
  - Put out 4 pennies and count them. Then change the arrangement and ask them if the number has changed.
- **Play family games that involve counting or recognizing numbers**
- **Help your child write the numbers 1 - 10**





# Dual Language Kindergarten

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Students will receive 50% of instruction in English and 50% of instruction in Spanish.

Students will receive literacy instruction in both Spanish and English.

Math will be the only content taught in Spanish everyday.

The language of instruction will alternate throughout the week

- Week 1: 3 days in English, 2 days in Spanish
- Week 2: 2 days in English, 3 days in Spanish

# Tips for Incoming Kindergarten Families



- 1. Be able to separate easily from parents**
- 2. Be able to sit and listen attentively to a teacher for an extended period of time**
- 3. Be able to independently complete tasks**
- 4. Be able to independently manage all clothing and personal hygiene**
- 5. Be able to get along with others in a group situation**

**6. Be respectful of the rights and property of other children and adults**

**7. Be experienced with crayons, pencils, scissors, and glue**

**8. Be able to recognize all upper/lowercase letters and say their sounds**

**9. Be able to count, recognize, and write numbers 1-10**

**10. Be able to write their name**

# **Welcome to Churchill PTA**

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**PTA President: Christa Sowa**

**We are so excited to have you at Churchill!**

**PTA does so much to support our school and we can't wait to meet you.**

**We are always looking for volunteers just like you!**

# www.churchillpta.org



**CHURCHILL** ELEMENTARY  
**PTA**

**ONE CHILD, ONE VOICE.**

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GET CHURCHILL SPIRITWEAR!

## Volunteer Appreciation Party

Are you a PTA member, helped by volunteering in anyway this year or donated time, talents and resources to a PTA event? If so, then please plan to join us for our Annual PTA Volunteer Appreciation event. Thursday, May 18th in the evening. For more info or to RSVP, please click here. We ...

[View full post](#)

Kindergarten  
Corner

Volunteer Appreciation Party

Thank

**We can't wait to meet you in August!**

**If you have any questions, please email**

**Mrs. Solomon, Principal**

**[rsolomon@d41.org](mailto:rsolomon@d41.org)**

**or**

**Mrs. Maxon, Administrative Assistant**

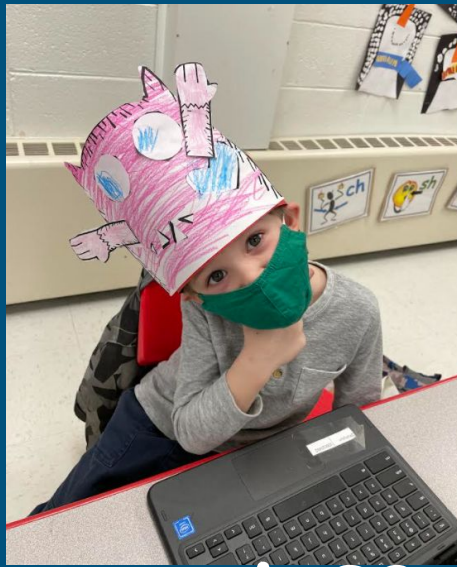
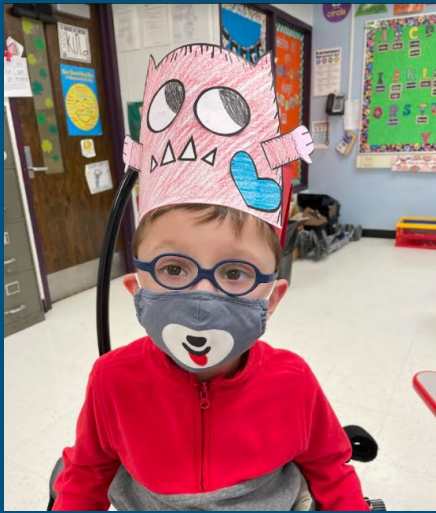
**[kmaxon@d41.org](mailto:kmaxon@d41.org)**

# Dates to Remember...

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- Thursday, June 17th, 6-7pm Babcock Park meetup
- Thursday, July 15th, 6-7pm Babcock Park meetup
- Monday, August 16th, 6-7pm Popsicles in the Park
- Wednesday, August 18th, First Day of School





Kindergarten is SO much fun!

