

PS 205 Welcome to K-231 & K-233

2018-2019 Supply List

Hello Kindergarten Families!

Our First Day of School is Wednesday September 5th. The school day starts at 8:20 AM. On this day dismissal will be at 1:10PM. **Beginning on Thursday Sept. 6th dismissal will be at 2:40.**

1st Day of School for Kindergarten (Please label items with child's name)

Students will NOT be required to bring in supplies. All we ask is that you send your child to school with a:

- "Large-Child" backpack, big enough to fit notebooks and folders. **No** backpacks with wheels are permitted.
- Cushioned Mat (for rest time) 19" x 45", 1" Thick, Fold-up (LAKESHORE has them)
NO yoga flat mats, blankets or pillows

Parents will be invited to bring in school supplies on "Back to School Night" Thursday September 13, 2018. The following school supplies are being requested for kindergarten:

(PLEASE LABEL items with child's name)

- **1 Box Large Size Crayons- 8 colors**
(We do a lot of coloring at the beginning, and large crayons will last longer.)
- **1 Box Regular Size Crayons- 24 colors**
- **1 Plastic School Supply Box- 8"x 5"x 2" (NO BAGS)**
- **2 Boxes, 8 ct., Crayola Thick Markers (classic colors- must have black)**
- **2 Elmer's glue (4 oz.)**
- **2 Glue Sticks**
- **1- 5" Westcott Scissors- Blunt Pointed**
- **4 Hardcover Marble Notebooks, wide ruled (If possible: 1 red, 1 blue, 1 green, 1 yellow)**
- **1 Pink Thick Pearl Eraser**

Classroom Supplies: (Please DO NOT label with child's name)

- **1 box, Round Pencils with Erasers, Sharpened ("My First" beginner size)**
- **1 box, #2 Pencils, 12ct., Sharpened**
- **1 Box of Tissues- Kleenex**
- **1 Roll Paper Towels- Bounty/Scott**
- **1 Box of Baby Wipes**
- **1 Bottle Pump Hand Soap**
- **1 Box Gallon-Size Ziploc Plastic Bags**
- **1 Box Clorox Wipes for Table Surfaces**
- **1 pack dry erase markers**

Personal Items: (Yes, PLEASE LABEL with child's name)

- **Old adult size T-shirt for messy projects in a plastic bag, labeled "Art"**
- **Change of clothing in a labeled plastic bag (with underwear and socks)**
- **4 sturdy folders with pockets on the bottom (If possible: 1 red, 1 blue, 1 green, 1 yellow)**

Reminder: Please double knot shoelaces every school day. VELCRO is BEST!

Thank you

(Turn over for science supplies. Place them in a separate bag with name and class.)

Dear Parents,

Please take a few minutes to answer the questions below. This will help me get to know your child better. If you need more space, use the back of this sheet or attach a sheet to this one. Thank you! 😊

Child's Name: _____ (as you want him/her to be called at school)

Birthday: _____ Age: _____ (years) _____ (months)

1. Please list the names, grades and ages of your child's brothers and sisters.

2. Has your child had preschool or play-group experience? (Please give name of School and number of years attended.)

3. Does your child have any difficulties with speech?

4. Does your child have any health problems or allergies (food/pollen)?

5. Does your child have any special interests?

- 6a. Is your child afraid of anything?
 - b. Is your child afraid of loud noises or the dark?
There will be movies during the lunch recess in the auditorium.

7. What responsibilities does your child have at home?

8. What form of discipline do you use at home?

9. What skills has your child acquired? (Check all that apply)

_____ Knows address

_____ Knows phone number

_____ Knows birthday

_____ Says full name

_____ Prints full name

_____ Counts to (how far?)

_____ Knows the difference between right and left

- _____ Knows the names of colors
- _____ Sits quietly
- _____ Follows directions
- _____ Washes his/her own hands
- _____ Cleans himself/herself in the restroom without assistance
- _____ Recognizes numbers to 12
- _____ Recognizes capital letters
- _____ Recognizes lowercase letters
- _____ Recognizes letter sounds
- _____ Likes to listen to stories
- _____ Opens own snack
- _____ Ties shoelaces
- _____ Buttons own clothing
- _____ Tells time
- _____ Has experience with glue
- _____ Has experience with crayons
- _____ Has experience with scissors

10. If your child is reading, how did he/she learn and how long has he/she been reading?

11. Is there anything else that you would like to tell me about your child?

12. Is there someone you give permission to pick up your child in your absence or lateness?

13. Does your child wear a hearing device or has hearing difficulty?

14. Does your child wear glasses or has difficulty seeing up close or far? Circle one.

This will be an exciting year! I look forward to getting to know you and your child.

Thank you!