

Kindergarten Supply List 2019-2020

Backpack Policy:

Students are required to **ONLY** carry a "**LARGE**" size backpack, BIG enough to fit notebooks and folders. In order to prevent tripping accidents, no backpacks with wheels will be allowed in school.

The following is needed for Kindergarten: (Yes- Child's name labeling)

- Cushioned Mat (for rest time) 19" x 45", 1" Thick, Fold-up (LAKESHORE has them)
- (NO yoga flat mats, blankets, pillows or toys)
- Small flash light w/ batteries for special reading games: (returned end of year)
- 1 Box Large Size Crayons- **ONLY 8 colors**
(We do a lot of coloring at the beginning, and large crayons will last longer.)
- 1 HARD Plastic School Supply Box- 8"x 5"x 2" (NO BAGS)
- 2 Box, 8 ct., Crayola Thick Markers (classic colors- must have black)
- 1- 5" Westcott Scissors- Blunt Pointed
- 2 Hardcover Marble Notebooks, wide ruled (1 red RRJ & 1 black Poetry/Sight word)
- 20 pennies, 10 dimes, 1 nickel, 1 quarter in a small ziplock bag labeled: Math skills
- 4 pack: 16 oz plastic jars of "play dough" any color

Classroom Supplies: (No name labeling)

- 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 Box "Dry Erase" markers
- 4 Plastic Folders Red, Yellow, Blue, Green (K-233) only **NONE for (K-231)**

Personal Items: (Yes- name labeling) ***IMPORTANT TO BRING IN ON 1st DAY***

- Old adult size T-shirt for messy projects in a plastic bag, labeled "Art"
 - Change of clothing in a labeled plastic bag (with underwear, socks & flip flops)
(Children should have these in their backpacks on the first day of school.)
- Please Note: Urination accidents may run down into socks and shoes.
If that occurs, please replace stained items with new ones the very next day.

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

****Donation:** 2 small free priority mailing boxes, 2 PO large envelopes, 1 empty clean OJ Plastic jug, 1 food supermarket weekly newspaper, 1 large oak tag Poster paper, clean sea shells, rocks, pompoms, TOYS: small plastic animals, small cars, boats, trains.**

Please have ALL items for MEET the Teacher Night 9/12/19 so ADULTS can carry ALL supplies into the classroom & place them into your child's locker.

Turn over for the Science Supplies.

Dear Parents of Kindergarten,

Would you 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!