

# K-231 Ms. G's **Kindergarten Supply List 2024-2025**

PLEASE NOTE: (NO) glue, scissors, dry erase markers, pencils needed this year: We still have some in stock)

## **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. A lunch box or water bottle labeled with child's name and class if they plan to bring in their OWN lunch. **The following is needed for Kindergarten:**

**(Yes- Child's name labeling ONLY on "inside" of Bookbag, Mat, notebooks, pencil case box, headphones in a ziplock bag & change of clothes in a bag too.)**

- **Cushioned Mat (for rest time) 19" x 45", 1" Thick, 4piece Fold-up (Walmart)**  
(NO yoga flat mats, Blankets, Pillows or Toys) LABEL the Mat. (It's for Rest and Read Time!)
- **1 Box Large Thick Size Crayons- ONLY 8 colors(NO small thin crayons, they break too easily)** (We do a lot of coloring at the beginning, and LARGE crayons will last longer.
- **1 HARD "Plastic" School Supply Pencil Box- 8"x 5"x 2" (NO bags or Pouches) LABEL**
- **2 Boxes, 8 ct., Crayola Thick Markers (Classic colors- must have black)**
- **2 Hardcover Marble Notebooks, wide ruled PRIMARY Lined: Please Label each book**  
(1 for: "Poetry HW" due weekly and 1 for: "RRJ" for daily classwork)
- **1: 4 pack: 16 oz plastic jars of "play dough" any color for personal use only.**
- **1 Box of Tissues- Kleenex**
- **2 Rolls of Paper Towels**
- **1 Bottle Pump Hand Soap**
- **2 Box Clorox Wipes for Table Surfaces**
- **1 Box Ziplock bags: Non Zipper Gallon Size**
- **Own Personal Computer Head Phones w/ a Standard 1 plug (put in a ziplock bag)LABEL**
- **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 "drip down" into socks and "shoes." If that occurs, please replace stained items with new ones the very next day. (LABEL child's name on ziplock)

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

\*\*Donations: Any are welcome, just write us a note :) with your Child's Name.

**\*Please have ALL items available as soon as possible on the 1st day or Earlier**

**These items (Labeled) can be dropped off BY the K-Yard DOOR "UP Fence steps" located on 77ave.**

**Thank You Reminder: All Emergency info. is Updated on BLUE Card If you are absent or late please call the office ASAP: 718-464-5773**

**Feel free to exchange classmates phone numbers for afterschool playdates if you are running late. Please write a separate note so we can have it on file should you request them for last minute pick up. (Turn Over for 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)

1. Please list the names, grades and ages of your child's brothers and sisters at this school. Do you want them to be dismissed together? \_\_\_\_\_

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? \_\_\_\_\_

6. 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 that they can do at school? \_\_\_\_\_

8. 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 own self 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

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

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

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

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

13. 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 for your participation!