

# K-233 Mrs. Petito/Mrs. Laugen

## Kindergarten Supply List 2025-2026

### Personal Items: \*\*\*IMPORTANT TO BRING IN ON 1<sup>st</sup> 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 and socks)

If change of clothes is used, please replace soiled items with new ones the very next day.

**\*Reminder: All Emergency info. is updated on BLUE Card**

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.

Please label all supplies with your child's name.

- 2 Boxes, 8 ct., Crayola Thick Markers
- 1- 5" Fiskars Kids Scissors- Blunt Pointed
- 2 Hardcover Notebooks, wide ruled PRIMARY Lined WITH PICTURE BOX
  - 1: 4 pack: 16 oz. jars of "play dough" any color
    - 1 Bottle Elmer's White Glue
  - 1 Box, #2 Pencils Standard "THIN", 12ct., Sharpened
    - 2 Boxes of Tissues
  - 3 Rolls of Paper Towels- Bounty/Scott
    - 1 Bottle Pump Hand Soap
  - 1 Box Quart Size Ziploc Plastic Bags
  - 3 Pack of large Clorox Wipes for table surfaces
    - 1 Box 8 pack+ "Dry Erase" EXPO markers
      - 2 Plastic Folders Red, Yellow
  - 1 Box large thick Size Crayons- any amount is fine
    - 1 Box of 16 count Crayola crayons
  - 2 wallet sized photo of your child's face
  - 1 package of unscented baby wipes
    - 1 watercolor set
  - dry erase letter sized clip board <https://a.co/d/dy3t1Sz>
  - 1 Pair of children's headphones (corded)
  - 1 ream of white letter sized copy paper

Please send in all supplies in a labeled bag. Thank you for support. We are looking forward to a great year!

# Kindergarten Parent Survey Questionnaire

Child's Full Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Other Languages Spoken: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

## **Section 1: Home & Family Background**

Does your child have any siblings currently attending this school?

Yes – Name(s) and Grade(s): \_\_\_\_\_

No

Are there any recent changes in your family (e.g., move, new sibling, loss, separation)?

Yes – Please explain: \_\_\_\_\_

No

What holidays or cultural traditions are important in your family?

## **Section 2: Development & Learning**

How would you describe your child's learning style?

Visual (likes pictures, charts)

Auditory (learns by listening)

Kinesthetic (learns by doing/moving)

Not sure

Does your child have any diagnosed learning differences or developmental delays?

Yes – Please describe: \_\_\_\_\_

No

Does your child receive any support services?  
(Speech Therapy, Occupational therapy, Physical therapy, Counseling)

What are your child's strengths or talents?

What areas would you like to see your child grow in this year?

**Section 3: Personality & Interests**

How does your child express emotions (e.g., frustration, excitement)?

How does your child interact with peers?

Outgoing

Shy

Prefers adults

Enjoys group play

Prefers solo play

Other: \_\_\_\_\_

What are your child's favorite activities? (Check all that apply)

Drawing/Art

Building/Construction toys

Reading/Being read to

Outdoor play

Music/Dance

Puzzles/Games

Pretend play

Other: \_\_\_\_\_

What are your hopes for your child this school year?

What are your concerns, if any, about your child starting school?