K-233 Mrs. Petito/Mrs. Laugen Kindergarten Supply List 2025-2026

Personal Items: ***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 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.

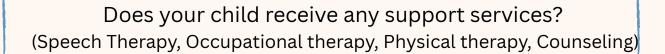
A lunch box or water bottle labeled with child's name and class if they plan to bring in their OWN lunch.

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 <u>Lined WITH PICTURE BOX</u>
 - 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
	3 -
	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:
	Kilowii Allergies.
	Section 1: Home & Family Background
	Does your child have any siblings currently attending this school?
	Yes - Name(s) and Grade(s):
	No
P	re 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?
	What holidays of cultural traditions are important in your family:
	Section 2: Development & Learning
	How would you describe your child's learning style?
	Visual (likes pictures, charts)
4	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
	



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?