WINDOM ELEMENTARY

KINDERGARTEN ORIENTATION
**Kindergarten School Supplies**

- **Crayons**
  (8 Original Colors, **small** crayons only if possible)

- **Composition Notebook**
  (100 Page-any line width)

- **Washable Markers**
  (8 Original Colors)

- **Small Rug or Towel**
  (No foam mats, please as these are stored in student lockers)

- **Backpack**
  (no wheels)

- **Plastic Pencil Box**
The Primary Focus of Kindergarten

★ Development of self-esteem and confidence as a learner and peer
★ Emphasis on cooperation – working together and getting along
★ Fostering a natural love of learning
★ Learning becomes more formalized
What **skills** do kindergarten teachers anticipate students have by September?
Importance of Encouraging Reading and Listening at Home

★ The importance of reading to your child at home:
- More lap time, less screen time, read to your child every day
- As you are reading together ask questions like: “Why do you think that happened?”, “How would you feel?” “What might happen next in the story”
- Encourage your child to chime in with repetitive or familiar phrases from books that they LOVE and also give them a chance to “read to you” (*Brown Bear Brown Bear, Goodnight Moon*)
- Reading aloud to your child helps to develop many academic and attention/focus skills necessary for success in kindergarten

★ The importance of encouraging “active” listening at home:
- Students are prompted to actively listen to what the teacher is saying, and process oral/visual directions throughout the school day in order to create a positive experience in school
  - At home—start with 1 step directions—then do 2 step directions—then 3 step directions.
Importance of Solid Oral-Language Skills

★ 4 and 5 year old kids are learning vocabulary at the rate of 5-6 words a day & research shows that one of the best predictors of future reading success is a well-developed oral vocabulary in kindergarten (which actually starts at birth)

★ Encourage your child to “use your words” to express their needs and wants as opposed to non-verbal responses (such as pointing or grumbling)

★ Help build language skills by taking your child to many new places and giving him words and descriptions for what they are seeing (talk to them about what they see around them in their environment—talk about the words—the letters and the sounds they hear in the beginning of the words)
We have a state mandated curriculum that keeps us busy every day!

Your child will be given the foundations of:

- Reading and Writing
- Math
- Science
- Social Studies
- Health
THE SCHOOL NURSE

Mrs. Johnson: 716-209-6322
sjohnson@opschools.org

I ❤️ WINDOM BECAUSE “WE” ALWAYS CARE FOR ONE ANOTHER!!
Request for Information
Windom Elementary School

Fax To: Fidelis Care New York
Marketing Department
Amherst, New York

Fax #: 716-564-0459

From: Windom Elementary School
3870 Sheldon Road
Orchard Park, NY 14127

☐ Yes, I would like more information about Fidelis Care- Medicaid managed care plan

☐ Yes, I would like more information about Fidelis Child Health Plus or Family Health Plus Program
(Please Print)

Name
Address
City NY, Zip Code
Daytime Phone Evening Phone

Signature Date
2020-21 School Year
New York State Immunization Requirements
for School Entrance/Attendance

NOTES:
Children in a prekindergarten setting should be age-appropriately measured. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervene between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the requirement listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grade for which they are age equivalent.

Dose requirements must be read with the footnotes of this schedule.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Prekindergarten (Day Care, Head Start, Nursery or Pre-K)</th>
<th>Kindergarten and Grades</th>
<th>Grades</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine (DT)</td>
<td>4 doses</td>
<td>5 doses or 6 doses if the DT dose was received 6 years or older</td>
<td>6 doses or 7 doses if the DT dose was received 7 years or older</td>
<td>7 doses or 8 doses if the DT dose was received 8 years or older</td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the first dose was received at 4 years or older</td>
<td>5 doses or 4 doses if the first dose was received at 5 years or older</td>
<td>6 doses or 5 doses if the first dose was received at 6 years or older</td>
</tr>
<tr>
<td>Hib vaccine</td>
<td>3 doses</td>
<td>4 doses or 5 doses if the first dose was received at 4 years or older</td>
<td>5 doses or 6 doses if the first dose was received at 5 years or older</td>
<td>6 doses or 7 doses if the first dose was received at 6 years or older</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella vaccine (MMR)</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
</tr>
<tr>
<td>Hemophilus influenzae type b conjugate vaccine (Hib)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td>2 doses or 1 dose if the dose was received at 15 years or older</td>
<td>2 doses or 1 dose if the dose was received at 15 years or older</td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV13)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td>2 doses or 1 dose if the dose was received at 15 years or older</td>
<td>2 doses or 1 dose if the dose was received at 15 years or older</td>
</tr>
</tbody>
</table>

1. Diphtheria tetanus endotoxin vaccine, mumps or rubella vaccine or inactivated poliomyelitis vaccine are recommended for all children 6 years or older who have not previously received these doses. Serologic tests for immunity are acceptable proof of immunity only if the tests were performed before January 1, 2009. All children born in January 1, 2009 or after must have had two doses of Hib vaccine and two doses of IPV vaccine before their 18th birthday. Hib vaccine is administered at least 8 weeks after the first dose of IIDP. The first dose in the series must be administered at 6 months after the first dose of IIDP. The second dose in the series must be administered at 15 months after the first dose of IIDP. The third dose must be given at 18 months after the first dose of IIDP. If the third dose was given before 12 months of age, the second dose must be administered at 6 months after the first dose of IIDP.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (adolescent age 5 weeks):
   a. Children starting or on their second series should receive 4 doses of DTaP vaccine at 2 months, 4 months, 6 months or 8 through 11 months and 4 through 6 years or older. The fourth dose may be administered as early as 4 years of age. This is required for all children born after January 1, 2007 except those born after January 1, 2013, who will receive four doses of DTaP vaccine before their 18th birthday. If the child was administered at least 6 months after the first dose of IIDP, the first dose in the series must be administered at 6 months after the first dose of IIDP. The second dose in the series must be administered at 12 through 15 months after the first dose of IIDP. The third dose must be given at 18 months after the first dose of IIDP. The fourth dose must be given at 4 years after the third dose, if the child was administered at least 6 months after the first dose of IIDP. If the fourth dose was given before 4 years of age, the second and third doses must be given at 6 months and 12 months after the first dose of IIDP. If the fourth dose was given at 4 years of age or older, the second and third doses must be given at 4 years and 6 years after the first dose of IIDP.
   b. Children starting or on their second series should receive 4 doses of DTaP vaccine at 2 months, 4 months, 6 months or 8 through 11 months and 4 through 6 years or older. The fourth dose may be administered as early as 4 years of age. This is required for all children born after January 1, 2007 except those born after January 1, 2013, who will receive four doses of DTaP vaccine before their 18th birthday. If the child was administered at least 6 months after the first dose of IIDP, the first dose in the series must be administered at 6 months after the first dose of IIDP. The second dose in the series must be administered at 12 through 15 months after the first dose of IIDP. The third dose must be given at 18 months after the first dose of IIDP. The fourth dose must be given at 4 years after the third dose, if the child was administered at least 6 months after the first dose of IIDP. If the fourth dose was given before 4 years of age, the second and third doses must be given at 6 months and 12 months after the first dose of IIDP. If the fourth dose was given at 4 years of age or older, the second and third doses must be given at 4 years and 6 years after the first dose of IIDP.
   c. Children starting or on their second series should receive 4 doses of DTaP vaccine at 2 months, 4 months, 6 months or 8 through 11 months and 4 through 6 years or older. The fourth dose may be administered as early as 4 years of age. This is required for all children born after January 1, 2007 except those born after January 1, 2013, who will receive four doses of DTaP vaccine before their 18th birthday. If the child was administered at least 6 months after the first dose of IIDP, the first dose in the series must be administered at 6 months after the first dose of IIDP. The second dose in the series must be administered at 12 through 15 months after the first dose of IIDP. The third dose must be given at 18 months after the first dose of IIDP. The fourth dose must be given at 4 years after the third dose, if the child was administered at least 6 months after the first dose of IIDP. If the fourth dose was given before 4 years of age, the second and third doses must be given at 6 months and 12 months after the first dose of IIDP. If the fourth dose was given at 4 years of age or older, the second and third doses must be given at 4 years and 6 years after the first dose of IIDP.

3. Varicella vaccine (Varivax or Varivax-Adolescentage age 5) months: a. This dose is required by September 1 of the 9th grade. The second dose must be given by September 1 of the 10th grade. If the second dose was given before 1 month of age, the second dose must be administered at least 6 months after the first dose of IIDP.
   b. For students younger than 13 years, the recommended minimum interval between doses is 3 months. If the second dose was administered at least 6 months after the first dose, it can be considered as valid for ages 13 years and older. The minimum interval between doses is 3 months.

4. Measles, mumps and rubella: a. Children starting or on their second series should receive 3 doses of MMR vaccine. The third dose must be given at 4 years after the second dose of MMR vaccine. The fourth dose should be given at 16 years after the second dose of MMR vaccine.
   b. The second dose must have been received at least 28 days or 8 weeks after the first dose is considered valid.
   c. Students in grades 5 through 12 must have received 2 doses of MMR vaccine. At least 1 dose should be received prior to entry. The second dose should have been received no earlier than 1 month of age.

5. Tetanus and diphtheria toxoid-containing vaccine (Td) is recommended for children starting or on their second series should receive 3 doses of Td vaccine at 2 months, 4 months, 6 months or 8 through 11 months and 4 through 6 years or older. The fourth dose may be administered as early as 4 years of age. This is required for all children born after January 1, 2007 except those born after January 1, 2013, who will receive four doses of Td vaccine before their 18th birthday. If the child was administered at least 6 months after the first dose of IIDP, the first dose in the series must be administered at 6 months after the first dose of IIDP. The second dose in the series must be administered at 12 through 15 months after the first dose of IIDP. The third dose must be given at 18 months after the first dose of IIDP. The fourth dose must be given at 4 years after the third dose, if the child was administered at least 6 months after the first dose of IIDP. If the fourth dose was given before 4 years of age, the second and third doses must be given at 6 months and 12 months after the first dose of IIDP. If the fourth dose was given at 4 years of age or older, the second and third doses must be given at 4 years and 6 years after the first dose of IIDP.

6. Hepatitis B vaccine:
   a. All New York State residents should receive 3 doses of Hepatitis B vaccine. The third dose must be given at 4 years after the second dose of Hepatitis B vaccine. The fourth dose should be given at 16 years after the second dose of Hepatitis B vaccine.
   b. Two doses of Hepatitis B vaccine (Hepatitis B) were required at least 4 weeks or 8 weeks apart through age 8 years will meet the requirement.

For further information, refer to the NYS State Immunization Schedule available at the New York State Department of Health’s website at: https://health.ny.gov/prevention/vaccination/immunization/schedules/
Health Office Requirements

TO ENTER KINDERGARTEN:

- Complete Immunization - and updated Physical
- Must provide a completed “Health Appraisal form”.
  This form can be found on the District webpage.

AT KINDERGARTEN SCREENING:

- Conference with School Nurse to inform us of Health Issues (i.e. history of ear infections, past surgeries, allergies, asthma, problems at birth, physical limitations, or medications your child has to take during school.)
- Vision and Hearing Screening
Is my child too sick for school?

HEALTH OFFICE SUGGESTIONS:

- Fever of 100.4 or higher in the last 24 hours
- Vomiting/Diarrhea in the last 24 hours
- Persistent cough
- Loss of sleep that night due to illness and or coughing
- Runny nose/cold symptoms (severe congestion)
- Looks sick, complains a lot about feeling sick, is very tired, can't/won't eat breakfast or get dressed in the morning
- Flu symptoms
- Diagnosis of conjunctivitis or pink eye
- Diagnosis of strep throat
- Undiagnosed rash

Unsure? Call your family Doctor or the Windom Health Office at 209-6322.
1) To be completed by the parent or person in parental relation:

I request that my child, __________________________, grade __________, receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the School Nurse will administer the medication.

Signature (Parent or Person in Parental Relation): __________________________________________

Address: __________________________________________

Telephone:  Home ___________  Work ___________  Date ___________

2) To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: __________________________  Date of Birth: ___________

Diagnosis: __________________________________________

Name of Medication: __________________________

Prescribed Dosage, Frequency and Route of Administration: __________________________

Time to be Taken During School Hours: __________________________________________

Duration of Treatment: __________________________________________

Possible Side Effects and Adverse Reactions (if any): __________________________________________

Other Recommendation: __________________________________________

Name of Licensed Prescriber and Title (please print): __________________________________________

Prescriber’s Signature: __________________________  Date: __________________________

Address: __________________________________________  Phone: __________________________

Medication must be brought to school and picked up by the parent or guardian. Thank you.

Note: This form must be completed in addition to the routine District medication form for those students who request permission to carry their own medication on campus or keep this medication in a school or physical education locker.
Be A PAL®
Protect A Life
From Food Allergies

Stephen is allergic to milk. Olivia is Stephen’s PAL.

Here is how you can Be a PAL®, too:

- Know that food allergies are very serious
- Don’t share your food with friends who have food allergies
- Wash hands after eating
- Help all of your friends and classmates have fun together
- If a friend who has food allergies gets sick, get help right away

Thanks for Being a PAL!

foodallergy.org
We also have many other support services to help your child be successful!
Windom offers many opportunities to help your child grow and learn in all areas:

★ Social Skills
★ Study Skills
★ Emotional Regulation
★ Conflict Resolution
★ Problem Solving Skills
★ Health & Wellness Class

These services are offered with entire classes, small group, or individually.
The Desire to be Independent

★ Encouraging self-help skills is an important step to preparing your child for kindergarten. It might be quicker for you to do it, but independence is critical for helping your child adjust to school.
★ Get coats on and off and hang them up
★ Follow simple two-step instructions such as “take off your boots and put on your sneakers”
★ Blow their nose and cover their mouth when they cough
★ Go to the bathroom and wash their hands
★ Fasten and unfasten simple buttons and snaps
★ Shoe tying is becoming a lost skill—practice
★ Recognize their name when written
Helping Your Child get Ready for Kindergarten

★ Children take cues from their parents. As your family gets ready for the first day, be calm and let your child know that you are confident they will have a wonderful day.

★ Share your good experiences of school.

★ Don’t cry or look nervous in front of your child as they will pick up on these emotions and feel less confident.

★ Practice skills such as backpack and lunch boxes

★ Read books about going to Kindergarten
Kindergarten Screening

Purpose of Screening:
★ To get to know the newest members of our Windom family!
   (Strengths, interests, additional supports, etc.)
★ Mandated by New York State

What do we do at Screening?
★ Activities and games!
★ Gross Motor Skills
★ Language Skills
★ Math Concepts
Notes for Parents:

★ Please arrive 5 minutes early

★ Sign in at front desk – be sure to bring ID.

★ Plan to stay about 30 minutes

Be excited for your child! He/She is growing up!
How do I prepare my child for screening?

You don’t!

But, it is always beneficial to practice:

★ letter names and sounds

★ counting

★ spelling and writing name
Sign up for Screening

★ Kindergarten Screening will be held at Windom Elementary School
  ○ Tuesday, June 21st - Friday, June 24th.
  ○ Please plan on screening appointments lasting about 30 minutes.
★ Your child must be registered before signing up for a screening appointment.
  The Central Registrar’s office will email with scheduling information and a link to sign up for an appointment.
★ Still have questions about scheduling?
  ○ Please call the Main Office to speak with Ms. Garcia: 209-6279

We are looking forward to meeting our newest Windom friends!
Questions? Contact us!

Mr. Johnson: pjohnson@opschools.org
Mrs. Glowacki: tglowacki@opschools.org
Mrs. Budney: sbudney@opschools.org
Mrs. Grant: lgrant@opschools.org
Mrs. Hutschenreuter: khutschenreuter@opschools.org
Mrs. Johnson: sjohnson@opschools.org
We look forward to seeing you SOON!