



Welcome to Preschool



# Supply List for Pre-Kindergarten

## Supplies Needed:

Sleeping Mat- Walmart has them for \$9.99

Blanket for Naptime (Pillow optional)

2 Sets of clothing for emergencies, including 2 pairs of underwear and socks

Backpack- regular size

Baby Wipes

Disinfectant Wipes

Hand Sanitizer

Tissues

Markers

Construction Paper

Crayons

Glue Sticks

Dry Erase Markers

## Basic Daily Schedule

7:50-8:00 am	Arrival Time
7:50-8:15 am	Breakfast
8:15-8:30 am	Chapel with Kindergarten
8:30-8:50 am	Whole Group Instruction
8:50-9:00 am	Bathroom Break
9:00-10:00 am	Centers & Small Group Instruction
10:00-10:15 am	Clean Up
10:15-10:30 am	Snack
10:30-10:40 am	Bathroom Break
10:40-11:20 am	Instructional Time
11:20-11:30 am	Wash hands & Pray for Lunch
11:30am -12:00pm	Lunch
12:00-12:15 pm	Bathroom Break
12:15-12:45 pm	Read-A-Loud Time
12:45-1:00 pm	Read Alone on Nap Mats
1:00-2:00 pm	Nap Time
2:00-2:15 pm	Small Group Instructional Time
2:15-2:30 pm	Afternoon Snack
2:30-2:45 pm	Bathroom
2:45-3:00 pm	Dismissal Preparation (put away nap mat & blanket, get coats and Backpacks)
3:00-3:15 pm	Dismissal: Whole group dancing, story reading, looking at books, video, manipulatives, etc.

## Centers

Children have an opportunity for free choice play in the classroom enticement. Classrooms are divided into areas, including but not limited to: easel painting, sensory table, blocks/construction, writing center, dramatic play puzzles, manipulatives, cozy book area, games large motor movement (dancing/trampoline)

## Small Group Instruction

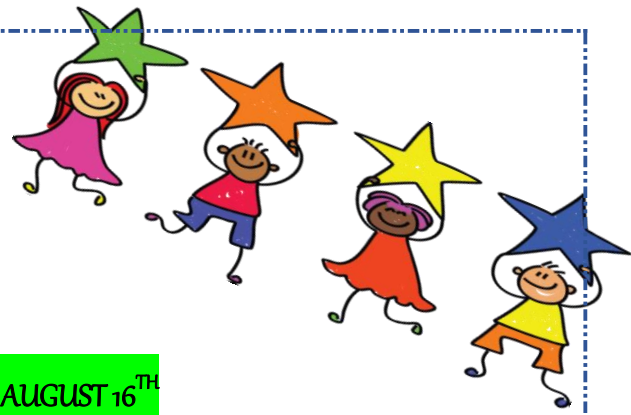
Children have an opportunity for individual and small group work with teachers. This work may include literacy, math, science concepts, and art.

## Group Time

This is how we begin our day together. This time may include reviewing our daily schedule, learning the calendar, introducing themes, concepts, reading books aloud, learning bible stories, acting out and retelling stories, singing songs, dancing, and practicing social skills within our classroom community. Group Time varies daily.

## Recess

This is a time for children to run, jump, climb, swing, and explore outside. The gymnasium is used for recess during inclement weather.



# Tell Us About Your Child!

PLEASE RETURN THESE PAGES TO THE SCHOOL OFFICE BEFORE AUGUST 16<sup>TH</sup>

My name is: \_\_\_\_\_ My birthdate is:

\_\_\_\_\_

My nickname is: \_\_\_\_\_

My mom's name is: \_\_\_\_\_ My dad's name is: \_\_\_\_\_

Tell us about your family and home life: (Circle your answers where indicated)

This is my first school experience: **Y/N** My \_\_\_\_\_ usually takes care of me during the day

I have siblings: **Y/N** If yes, their names and ages are: \_\_\_\_\_

\_\_\_\_\_

I get along well with my siblings: **Y/N** I like to be the boss of them: **Y/N** I like to follow their lead: **Y/N**

I have been in a group teaching setting before: **Y/N** I do well in it: **Y/N** I struggle with it: **Y/N**

I **have / don't have** trouble separating from my mom when she leaves me.

I **have / don't have** trouble separating from my dad when he leaves me.

I recently: moved / got a new baby brother or sister / got a new pet / had new family move in with us / recently moved to the USA / other

The language I speak at home is: \_\_\_\_\_ If not English, I **can / cannot** speak English well

When I am afraid, I can be re-assured by: \_\_\_\_\_

I am especially afraid of: \_\_\_\_\_

### Tell us what you are like: (Circle your answer where indicated)

I **can / cannot** sit still and listen easily      I **am / am not** wiggly when trying to sit still

I **like / do not like** quiet activities the best      I **am / am not** always on the go and love to run best

I **am / am not** distracted by sights and sounds      I **get / do not get** distracted easily

I **can / cannot** transition to a new activity easily      I **can / cannot** finish an activity that takes more time

I **like / do not like** to be the boss      I **get / do not get** really upset when I do not get my way

I **am / am not** easily soothed when upset      I **do / do not** laugh easily and often

I **do / do not** show my feelings easily      I **do / do not** need a lot of re-assurance during the day

I **am / am not** a good eater      I **am / am not** a picky eater

I **take / do not take** a nap every day      I **can / cannot** lay still for a nap easily

I have a hard time falling asleep **Y / N**      I **like / do not like** a structured routine

I **am / am not** shy of new people      I **can / cannot** handle changes easily

I am generally **happy / serious**      I like to watch for a while before participating: **Y / N**

I **will / will not** keep trying when it's hard      I **can / cannot stop** in the middle of an activity if asked

I **can / cannot** share my things easily

When I am sad, I can be comforted by: \_\_\_\_\_

When I am angry, I can calm down by: \_\_\_\_\_

When I am mad, I usually: **hit / bite / scream / cry / pout / other**: \_\_\_\_\_



When I disobey my parents, they: \_\_\_\_\_

I respond to time outs for discipline: **Y/N**

I respond to re-direction for discipline: **Y/N**

I respond to loss of activity or privilege for discipline: **Y/N**

## Tell Us About Your Health and Diet



I had some difficult prenatal and early development events: **Y/N** If yes, please explain: \_\_\_\_\_

I usually eat: Breakfast \_\_\_ Snack \_\_\_ Lunch \_\_\_ Meat \_\_\_ Vegetables \_\_\_ Fruits \_\_\_

My favorite food to eat is: \_\_\_\_\_

I really do not like to eat: \_\_\_\_\_

I **will / will not** try new foods

I **have / do not have** problems with food textures, colors, or smells

I **can / cannot** use a spoon and fork

I **can / cannot** drink from a cup without spilling much

I am allergic to these foods: \_\_\_\_\_



## Tell Us About Your Sleeping and Bathroom Habits

I take a nap every day in my bed at home: Y/N

I like my naptime: Y/N

I like to sleep with my \_\_\_\_\_ for security and I will bring it to school with me: Y/N

I like to have my back rubbed to go to sleep: Y/N

I need to be by myself to fall asleep: Y/N

I like to listen to music during naptime: Y/N

I like it **dark / light** during naptime

I like to sleep for \_\_\_\_\_ **minutes / hours**

I **wake up / do not** wake up easily

I still wear a pull-up at naptime: Y/N

I usually have to go potty during naptime: Y/N

I am a restless sleeper: Y/N

I am a quiet sleeper: Y/N

## Tell Us About Your Development

I am receiving special services and need extra help in the classroom: Y/N

I have an IEP or ISP: Y/N

I am receiving: Speech Therapy \_\_\_ Physical Therapy \_\_\_ Occupational Therapy \_\_\_

I have a disability: \_\_\_\_\_

## Tell Us About Some Other Things

I like the outdoors: Y/N

I don't like getting my hands dirty: Y/N

I am afraid of bugs: Y/N

I can climb the ladder on the playground equipment: Y/N

I can swing independently: Y/N

I can skip: Y/N

I can jump: Y/N I can balance on one foot: Y/N

My parents' expectations for this school year are: \_\_\_\_\_

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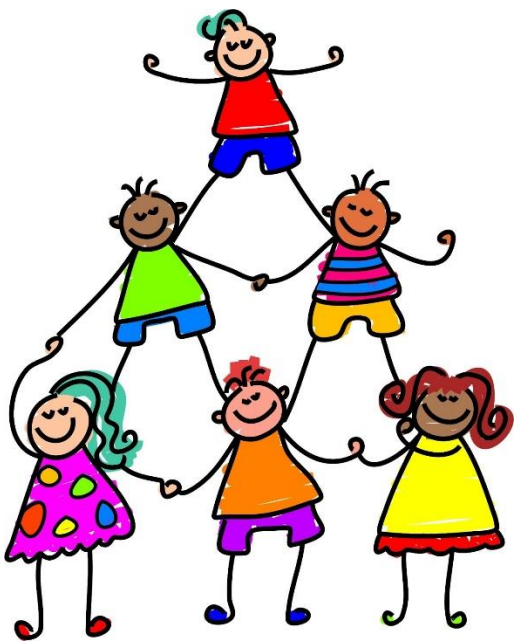
My parents like: Verbal Communication \_\_\_\_\_ E-mail Communication \_\_\_\_\_ Text Messages \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



*Thank you for helping us get to know  
your child. We look forward to this  
fall! See you in August!*