Welcome to Kindergarten!
2017-2018
Important dates for 2017-2018 kindergarten

Jan. 15 » Enrollment forms due to the Welcome Center

Apr. » Look for your invitation to Sneak-A-Peek at Kindergarten

May » Sneak-A-Peek at Kindergarten

May 31 » Schedule your Early Childhood Screening by this date

Sep. » Assessment day for new kindergarten students, followed by the first day of kindergarten

Questions? Contact our Welcome Center at 952-556-6112 or email WelcomeCenter@district112.org. You can also visit us in person at 11 Peavey Road in Chaska. We are open 8:00 a.m. to 3:30 p.m. Monday – Friday. Appointments upon request. It is not necessary to bring your child with you to register.
Dear Parents/Guardians

In just a few months, we’ll welcome your child into our kindergarten classroom! Kindergarten is when children meet their best friends, gain healthy independence, and learn fundamental lessons that they will carry throughout their lives. We know that your child comes to us with a unique set of talents and a singular personality. We value those unique qualities and we’re eager to make your child’s kindergarten year an exciting and positive learning experience.

This registration booklet is full of information about our kindergarten programs and includes the forms we use to create student records for your child. Read about our programs, then register online at http://tiny.cc/KinderPage or complete the paper forms and submit them to the Welcome Center by the end of the day on January 15, 2017.

We’re looking forward to meeting you and your child in May at our Sneak-A-Peek at Kindergarten. Until then, please feel free to call the Welcome Center at 952-556-6112 with questions you might have. We are happy to help in any way we can.

Sincerely,

Joan MacDonald, Principal, Bluff Creek Elementary
June Johnson, Principal, Carver Elementary
Greg Lange, Principal, Chanhassen Elementary
Nate Slinde, Principal, Clover Ridge Elementary
Chris Hentges, Principal, East Union Elementary
Nancy Wittman-Beltz, Principal, Jonathan Elementary
Lori Beth Warnberg, Principal, La Academia & Kinder Academy
Jill VeLure, Principal, Victoria Elementary

Si quiere esta información en español, por favor llame al 612-282-4867.
Welcome to kindergarten

WE LOVE CHILDREN AND IT SHOWS!

Our award-winning kindergarten program accelerates student learning. Your child has the opportunity to discover and learn in the way that works best for him/her through exceptional, personalized learning. This is a preferred educational environment where students are at the center of the learning process. Artificial boundaries based on age or grade level are replaced by students demonstrating standards they have mastered in ways that work best for their unique learning style. Students are more engaged in their learning as they develop life-long skills and a strong foundation for their journey ahead.

Kindergarten Readiness
Parents frequently ask us, “Is my child ready for kindergarten?” If your child meets the state age requirement — five years old on or before September 1 of the kindergarten year — the answer is “yes.” Our teachers are skilled in working with students whatever their stage of development. For parents who are considering holding back their child for a year, we offer Kinder Academy. This program is designed for young five-year-olds, such as those with summer birthdays.

Commitment to Communication
Parents are partners with teachers in our schools. We offer many opportunities for parent involvement and keep families well informed about their child’s progress.

Special Services Available
Each school has a team of teachers who have additional training in the areas of special education, speech/language, English language learners, gifted services, adaptive physical education, social work, counseling and school psychology.

Preparing for Elementary Program
Kindergarten is the beginning of a child’s journey into elementary school. Our district has recent initiatives that enhance our strong elementary program. We’ve embedded S.T.E.M. (Science, Technology, Engineering, and Math) into our kindergarten curriculum to provide opportunities for problem-solving and critical thinking. We pair excellent teaching with the right technology. Creativity is fostered through student participation in Music, Art, Physical Education and Media classes.

Safety is a Priority
Approval of the 2013 security levy allowed for substantial security improvements throughout the district, which includes an ID scan required for visitors during the school day. All school employees wear an ID badge. Students are not allowed to leave the building during the day unless signed out by an authorized adult. Our buildings are monitored by security cameras.
Welcome to kindergarten

NEED TO KNOW

Required Early Childhood Screening
The State of Minnesota requires that students entering kindergarten must have completed an Early Childhood Screening prior to the start of kindergarten. The screening is free to Eastern Carver County Schools residents.

- If your child has been screened in another school district, you can provide a copy of the screening record to the Welcome Center.
- If your child has not been screened, please schedule an appointment through Community Education as soon as possible online at http://tiny.cc/Screening or by phone at 952-556-7144.

Health Services & Immunizations
All elementary schools are staffed with a registered nurse. Our health services staff will work with you to accommodate your child’s health needs. Your kindergartener must be up-to-date on all immunizations before starting school. Immunization records, even if partially complete, should be submitted along with the attached forms (see p. 14-15).

School Boundaries
With the exception of La Academia and Kinder Academy, our schools have attendance area boundaries. These boundaries help us determine enrollment. In order to offer families their program of choice, we may work with families to adjust attendance areas. We provide bussing to those who are not within walking distance. To find your elementary attendance area, visit our district’s website at http://tiny.cc/Attendance2017.

Riding the Bus & Transportation
Transportation information will be available in July/early August. When our students arrive at school, we greet them as they get off the bus and then at the end of the day we escort them back to the bus. Your child’s bus stop will be near your home or child care location.

If your student has child care or will be picked up at an address other than your home, you must complete an Alternate Address Bussing Request form available online at http://tiny.cc/KinderPage or at the Welcome Center.

Once a student is enrolled, parents and guardians can view the location and estimated time of arrival of their student(s)’s school bus with MyStop, a free service provided by the district. Parents, guardians and students can access MyStop from a smartphone, tablet or desktop computer to see the approximate location of the bus while it is en route. Go to http://tiny.cc/Bussing to learn more.
Welcome to kindergarten

**Which Program is Right for Your Child?**

Beginning with the 2017-18 school year, La Academia and Kinder Academy will be located in the Chaska Elementary School building at 1800 N. Chestnut St. in Chaska.

**Kindergarten**

We offer an outstanding all-day program that has been carefully developed for young learners. Students enrolled in this program are able to practice new kindergarten skills during the school day. Science, Technology, Engineering and Math (S.T.E.M.) concepts are integrated into our rich kindergarten curriculum. Students also attend specialist classes, such as Physical Education, Music, Media and Art. The program is 6.5 hours per day and is available at no cost to families.

**Kinder Academy**

This all-day program is a great option for children with summer birthdays and other young five-year-olds. Students move to first grade after one year or two – only when the child is ready. As a general rule, students who remain in the program have the same teacher for both years. This program is tuition-free. Understanding of program goals and a commitment to them are required for enrollment. Interested parents must attend an informational meeting before the registration deadline or must meet with the building principal in order to register for this program. This program is not an early entrance option. Visit [http://tiny.cc/KinderPage](http://tiny.cc/KinderPage) to learn more about early entrance and to see scheduled meeting dates.

**La Academia**

La Academia is a two-way dual-language Spanish/English immersion program, a model that is unique in the west metro. A typical day looks very similar to other all-day programs, but the kindergarten curriculum is taught in Spanish. Students work toward the same academic standards and attend specialist classes.

In this two-way immersion program, students have the opportunity to be both first-language models and second-language learners with native English and Spanish speakers beginning in kindergarten and continuing through fifth grade. This program is available at no cost to families. Interested parents must attend an informational meeting before the registration deadline or must meet with the La Academia principal in order to register for this program. Visit [http://tiny.cc/KinderPage](http://tiny.cc/KinderPage) to see scheduled meeting dates.
Welcome to kindergarten

CHILD CARE OPTIONS FOR KINDERGARTEN STUDENTS

Club Care is an optional before- and after-school child care program for students kindergarten through 5th grade. Our child care is in high demand due to its excellent quality, convenience, and competitive fees. Enrollment in Club Care is not guaranteed and each school will have an enrollment capacity. **Students must be registered for kindergarten prior to registering for Club Care.** Children and families enrolled in our Club Care programs enjoy many benefits including:

- A welcoming environment with friendly, caring staff
- A child-centered, developmentally appropriate learning environment
- Opportunities for academic skills reinforcement
- Recreation and enrichment activities that include art, science, computer lab and gym or outdoor play
- Before and after school hours, conveniently located in your child’s school
- Parent and family support in partnership with other school staff
- Opportunities for growth and the development of social skills
- School release day (Kidz Venture) and summer program options
- Daily morning and afternoon snack

**Visit www.ce4all.org to learn more about the program. Online registration for the 2017-2018 school year will be available in early April 2017.**
Welcome to kindergarten

ENROLLMENT CHECKLIST

Please submit the listed items below to the Welcome Center by the end of the day on Jan. 15, 2017 in order to reserve your child’s place in Kindergarten. See page 18 for available methods to submit your child’s materials.

☐ Student Registration Forms (due Jan. 15)
  See pages 9-12. Please remember to sign this form.

☐ Birth Certificate (due Jan. 15)
  A photo-copy of your child’s birth certificate must be submitted with your child’s registration.

☐ Student Health Form (due Jan. 15)
  See page 16. This form helps us prepare the appropriate placement for your child and accommodate any health needs on the first day of school. Please remember to sign this form.

☐ Early Childhood Screening
  The screening is required by state law. It is free to Eastern Carver County Schools preschoolers and must be submitted before your child starts kindergarten. If your child has been screened in another school district, please provide a copy of the screening record. If your child has not been screened, please schedule an appointment as soon as possible. Call Community Education at 952-556-7144 or schedule your child’s screening online at http://tiny.cc/Screening.

☐ Pupil Immunization Record (due Jan. 15)
  See page 14-15. This form — or a copy of your child’s immunization record — must be returned with the registration forms by January 15. Please do not wait to send this information until your child’s immunizations are complete. You can send partial immunization information now and you may call, fax, mail or drop off any changes to the immunization record that occur in the summer. The fax number for the Welcome Center is 952-556-6109.

According to state law, students will not be allowed to start school without the required immunizations. If a parent has a conscientious objection to required immunizations, it is necessary to sign the immunization form and have it notarized.

☐ Alternate Address Bussing Request Form (if needed)
  Please complete only if your child is picked up or dropped off at an address other than your home address. Available at http://tiny.cc/KinderPage or the Welcome Center.
Did you **Know?**

Recognized as a national leader in personalized learning, more than 60 school districts throughout the country and internationally have visited our schools to observe our implementation of personalized learning and collaborate with our staff. Watch our progress and see examples of how our students benefit from **authentic, personalized learning** at: [WeArePersonalizedLearning.org](http://WeArePersonalizedLearning.org)
Section I. Student Information - student’s full legal name as it appears on birth certificate

Last Name ___________________  First ___________________  Middle ___________________  Suffix ___________________

Gender _______  Date of Birth _____________  Grade _______  Nickname ___________________

Anticipated Start Date: _____________

If you are interested in La Academia Spanish Immersion or Kinder Academy, please indicate below. Keep in mind that your child’s registration will not be complete until you submit all required enrollment materials and attend an informational meeting with your program of choice.

Kindergarten Special Program Preference, if applicable:  ☐ Kinder Academy  ☐ La Academia - Spanish Immersion

Racial/Ethnic Background – Please complete all questions (1-3).

1. Is the student Hispanic or Latino?  ☐ Yes  ☐ No

2. What is the student’s race? Choose one or more.
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

3. Please check one that best describes the student’s primary racial/ethnic background:
☐ American Indian or Alaskan Native,  ☐ Asian or Pacific Islander,  ☐ Hispanic,  ☐ Black,  ☐ White

Student’s Birth Country ___________________

Date Student First Entered United States ___________________

Has the student attended school in the United States for more than 3 years?  ☐ Yes  ☐ No

Racial/Ethnic Descriptions

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin-regardless of race.
American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.
Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippines and Samoa.
Black or African American - A person having origins in any of the black racial groups of Africa.
Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
White - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

10/20/2016
**Student Name**  ____________________________

### Section II. Student Enrollment Information

**Kindergarten Only**

Preschool Screening – **is required by law for your child's entry into public school kindergarten or first grade.**

Has your child received a comprehensive health and developmental preschool screening?  
☐ Yes  ☐ No  
*3-5 years old*

a. If Yes, screening date: ___________________________

b. If Yes, check type of Provider:  
   ☐ Child/Teen Checkups  ☐ Head Start  ☐ Private Provider ☐ School District  ☐ Conscientious Objector

c. If Yes, Name of Provider or District: ___________________________

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**Last School Attended**

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<thead>
<tr>
<th>K-12 (not preschool)</th>
<th>(School Name)</th>
<th>(City)</th>
<th>(State)</th>
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<tbody>
<tr>
<td>1. Has your student ever attended a public school in Minnesota before?</td>
<td>☐ Yes  ☐ No</td>
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<tr>
<td>a. If Yes, name of Minnesota School or District: ___________________________</td>
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</tbody>
</table>

| 2. Is this student participating in a Foreign Exchange Program? | ☐ Yes  ☐ No |
| a. If Yes, name of Foreign Exchange Program: ___________________________ |

| 3. Is this student a military-connected youth? | ☐ Yes  ☐ No |

| 4. Does this student currently receive Gifted and Talented services? | ☐ Yes  ☐ No |

| 5. Is this student currently homeless (lacks a fixed, regular and adequate nighttime residence)? | ☐ Yes  ☐ No |
| (If “Yes” please fill out Temporary Housing Form) |

| 6. Is this student a Ward of the State (parental rights have been terminated by court order)? | ☐ Yes  ☐ No |
| (Does not include foster homes) |

| 7. Does this student currently live in District 112? | ☐ Yes  ☐ No |
| a. If No, what District does the student live in? ___________________________ |
| b. If No, has an Open Enrollment Agreement been completed and sent to the Welcome Center? | ☐ Yes  ☐ No |

| 8. Does your child currently receive specialized services on an Individual Education Plan (IEP)? | ☐ Yes  ☐ No |
| a. If Yes, please identify the areas of service or primary disability area: ___________________________ |
| b. Do you have a copy with you today? | ☐ Yes  ☐ No |

| 9. Does your child currently receive accommodations through a 504 plan? | ☐ Yes  ☐ No |

**Home Primary Language.** Please respond to the questions below by checking the appropriate box.

| 1. Which language did your child learn first? | ☐ English  ☐ Other: ___________________________ |
| 2. Which language is most often spoken in your home? | ☐ English  ☐ Other: ___________________________ |
| 3. Which language does your child usually speak? | ☐ English  ☐ Other: ___________________________ |
| 4. Has this child ever received ELL (English Language Learner) or Bilingual services? | ☐ Yes  ☐ No |
**Section III. Student Primary Household Information** - list family members who reside at the same address with student.

<table>
<thead>
<tr>
<th>Current Primary Home Address of Student</th>
<th>Mailing Address of Student - If Different From Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Primary Home Address Upon Move into District 112</td>
<td></td>
</tr>
</tbody>
</table>

**Student Home Landline Phone**  
**Student Cell Phone**

**Student Lives With:**
- Both Parents
- Mother
- Father
- Mother and Stepfather
- Father and Stepmother
- Foster Parents
- Host Family
- Other - Please Specify

**Parent/Guardian/Adult** who resides at the same address with the student. Use full legal name as it appears on driver’s license.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Birth Country</th>
<th>Relationship to Student</th>
<th>Legal Guardian</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

Legal Guardian [ ] Yes [ ] No  
Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

The Guardian above will have rights and access to all students’ educational records and will receive information in [ ] Yes [ ] No the following manner: Mailing, Portal and Email.

<p>| Relationships of other children from birth through grade 12 who reside at the student’s address. |</p>
<table>
<thead>
<tr>
<th>Last Name - as appears on birth certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship to Student</th>
<th>Name of School Attending</th>
</tr>
</thead>
</table>
## Student Information

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
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</thead>
</table>

### Additional Parent/Guardian Information

PARENTS NOT LISTED ABOVE AND DO NOT LIVE AT THE STUDENT'S ADDRESS. Use parent’s full legal name as it appears on driver’s license.

<table>
<thead>
<tr>
<th>Does this student reside with this parent/guardian part-time during the school year?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Current Name/Maiden Name)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of Birth</th>
<th>Birth Country</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>(M/F)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legal Guardian**

- Yes
- No

Biological parents & other adults with court-appointed rights (documentation required) are legal guardians.

The Guardian above will have rights and access to all students’ educational records and will receive information in the following manner: Mailing, Portal and Email.

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email</th>
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<tbody>
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</table>

Does the student’s parent/guardian need interpreter services?

- Yes
- No

<table>
<thead>
<tr>
<th>Home Landline Phone</th>
<th>Preferred Language</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Parent/Guardian Resident Address</th>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Mailing Address - If different from resident address.</th>
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</table>

## Signature Required

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

**Parent/Guardian Completing Form:** _______________ **Date:** ____________

The data requested on the registration forms will be maintained as part of your child’s educational and directory records. Some data is required (such as name, address, and birthdates). Other information requested is not required (such as emergency contacts) but will help us to serve you and your child more efficiently. The information you provide may be shared with other staff within the school district and the Minnesota Department of Education whose jobs require access or other agencies as provided by law. Student educational records are considered private under Minnesota’s Data Practices Act. Student directory information is designated per the School District’s Data Privacy Policy.

The Family Education and Privacy Rights Act provide that educational records are available to parents of a student. Legal documentation is required for custody limitations.

PLEASE COMPLETE ALL PAGES AND RETURN TO:
Eastern Carver County Schools District Education Center
ATTN: Welcome Center
11 Peavey Rd Chaska, MN 55318

Welcome Center Phone Number: 952-556-6112
FAX: 952-556-6109
Email: WelcomeCenter@District112.org

**NAME OF PARENT/GUARDIAN COMPLETING REGISTRATION FORM IS MANDATORY**

Note: Information on Data Privacy Act available on request.
Did you Know?

Chaska and Chanhassen High Schools were ranked among the top 4 percent of high schools in the nation by The Washington Post “Challenge Index.”
## Student Immunization Form

Student Name _________________________________________________
Birthdate _____________________ Student Number __________________

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

### Parent/Guardian:
You may attach a copy of the child’s immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian’s conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child’s immunization record with Minnesota’s immunization information system, they may sign section 3 (optional).

For updated copies of your child’s vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

### School Personnel:
Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

<table>
<thead>
<tr>
<th>Type of Vaccine</th>
<th>DO NOT USE (√) or (×)</th>
<th>1st Dose Mo/Day/Yr</th>
<th>2nd Dose Mo/Day/Yr</th>
<th>3rd Dose Mo/Day/Yr</th>
<th>4th Dose Mo/Day/Yr</th>
<th>5th Dose Mo/Day/Yr</th>
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<tbody>
<tr>
<td><strong>Required</strong> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)</td>
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<td>Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT)</td>
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<td>6th dose not required if 5th dose was given on or after the 4th birthday</td>
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<td>• for children age 6 years and younger</td>
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<td>• final dose on or after age 4 years</td>
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<td>Tetanus and Diphtheria (Td)</td>
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<td>• for children age 7 years and older</td>
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<td>• 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above</td>
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<td>Tetanus, Diphtheria and Pertussis (Tdap)</td>
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<td>• for children in 7th - 12th grade</td>
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<td>Polio (IPV, OPV)</td>
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<td>Measles, Mumps, and Rubella (MMR)</td>
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<td>• minimum age: on or after 1st birthday</td>
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<td>Hepatitis B (hep B)</td>
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<td>Varicella (chickenpox)</td>
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<td>• minimum age: on or after 1st birthday</td>
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<td>• vaccine or disease history required</td>
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<td>Meningococcal (MCV, MPSV)</td>
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<td>• booster given at age 16 years</td>
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<td>Human Papillomavirus (HPV)</td>
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<tr>
<td>Hepatitis A (hep A)</td>
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<tr>
<td>Influenza (annually for children 6 months and older)</td>
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</tbody>
</table>

### Additional exemptions:
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 18 years of age or older:** Do not need polio vaccine.

Developed by the Minnesota Department of Health - Immunization Program (12/13) #140-0155
www.health.state.mn.us/immunize
Instructions, please complete:
Box 1 to certify the child’s immunization status
Box 2 to file an exemption (medical or conscientious)
Box 3 to provide consent to share immunization information (optional)

1. Certify Immunization Status. Complete A or B to indicate child’s immunization status.

A. Received all required immunizations:
I certify that this student has received all immunizations required by law.

Signature of Parent / Guardian OR Physician / Public Clinic

Date

B. Will complete required immunizations within the next 8 months:
I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

Signature of Physician / Public Clinic

Date

2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:
No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:
I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

Signature of physician/nurse practitioner/physician assistant

Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _______ (year)

Signature of physician/nurse practitioner/physician assistant

(If disease occurred before September 2010, a parent can sign.)

B. Conscientious exemption:
No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:
I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of parent or legal guardian

Date

Subscribed and sworn to before me this:
_______ day of ______________________ 20______

Signature of notary

3. Parental/Guardian Consent to Share Immunization Information (optional):
Your child’s school is asking your permission to share your child’s immunization documentation with MIIC, Minnesota’s immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child’s immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.
I agree to allow school personnel to share my student’s immunization documentation with Minnesota’s immunization information system:

Signature of parent or legal guardian

Date

Developed by the Minnesota Department of Health - Immunization Program www.health.state.mn.us/immunize (12/13) #140-0155
Student Name___________________________________________ Date of Birth___________ Grade_________
Physician/Clinic _________________________________________  Phone Number ______________________
Dentist _______________________________________________ Phone Number_______________________
Hospital Preference _____________________________________

To insure the health and safety of your child this information may be shared with school district staff or emergency personnel based on a need to know.

<table>
<thead>
<tr>
<th>Health Concerns</th>
<th>Yes</th>
<th>No</th>
<th>Medication (Name, dosage)</th>
<th>Necessary Monitoring in School</th>
<th>Comments or Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/Respiratory</td>
<td></td>
<td></td>
<td></td>
<td>Inhaler at School? Y N</td>
<td></td>
</tr>
</tbody>
</table>
| Severe Allergies         |     |    |                            | Food Latex Insects            | Type of reaction:
|                          |     |    |                            |                               | Date of Last reaction: |
| Diabetes                 |     |    |                            |                               |                     |
| Head Injury              |     |    |                            |                               |                     |
| Seizures/Neurological    |     |    |                            |                               | Type and date of last episode |
| Heart/Blood              |     |    |                            |                               |                     |
| Muscles/Bones/Joint/Skin |     |    |                            |                               |                     |
| Bladder/Kidney           |     |    |                            |                               |                     |
| Stomach/Intestine/Bowels |     |    |                            |                               |                     |
| Immune Problems          |     |    |                            |                               |                     |
| Emotional/Behavioral     |     |    |                            |                               |                     |
| Hearing Concerns         |     |    |                            | Hearing Aide?                 |                     |
|                          |     |    |                            | Preferential seating?         |                     |
| Vision Concerns          |     |    |                            | Glasses or Contacts?          |                     |
|                          |     |    |                            | Reading Only?                 |                     |
| Growth/Nutrition Concerns|     |    |                            | Dietary restrictions (ie. Pork, vegetarian, gluten, etc.)? | Type: |
| Developmental Concerns   |     |    |                            |                               |                     |
| Other Health Concerns    |     |    |                            |                               |                     |

If your child becomes ill or injured, the school will attempt to call the parent/guardian at home or at work. If you cannot be reached, the school will attempt to call the emergency contact. In case of serious accident/injury/illness, 911 will be called if necessary.

Signature: _________________________________________________ Date: ____________

Eastern Carver County Schools – Kindergarten Registration 2017-2018
Did you Know?

Our schools use the Positive Behavior Intervention and Support (PBIS) approach. It teaches, promotes and reinforces positive student behavior. We have seen decreases of poor behavior by as much as 70 percent. The program has been extended to more elementary schools due to the beneficial results.
How do I complete my child’s enrollment?

Online (Encouraged)
Visit http://tiny.cc/KinderPage and click on the “Enroll in Kindergarten” button to fill out the forms online. You will be required to enter your email address and will receive an email link to begin online registration.

Email
Fill out the forms in this booklet, scan and email them along with a digital/scanned copy of your child’s birth certificate to the Welcome Center at WelcomeCenter@district112.org.

U.S. Mail
Fill out these forms and place them in the pre-addressed envelope included. Extra postage is required. Be sure to include a copy of your child’s birth certificate.

Welcome Center
Come visit us at 11 Peavey Road in Chaska with your completed forms. We are open 8:00 a.m. to 3:30 p.m. Monday through Friday. It is not necessary to bring your child with you to register.

Fax
Fill out the forms in this booklet and fax them along with a digital/scanned copy of your child’s birth certificate to the Welcome Center at 952-556-6109.

Questions? Contact our Welcome Center at 952-556-6112 or email WelcomeCenter@district112.org.
It’s time to enroll in Kindergarten!

Kindergarten enrollment forms are due to the Welcome Center by the end of the day on January 15, 2017.

If your child will not be attending kindergarten in Eastern Carver County Schools next fall, please call us at 952-556-6137. Thank you!

Si quiere esta información en Español, por favor llame al 612-282-4867.

Facebook: facebook.com/ISD112 Twitter: @isd112