

March 13, 2016

Dear New Kindergarten Family,

Welcome to Montlake Elementary! On behalf of all the staff at Montlake Elementary, we are pleased that your child will be joining us as a Kindergarten student this fall! Kindergarten is a big transition for everyone in the family, not just your child. We know that making the move into Kindergarten will be much easier if both of you have a little advance preparation. For this reason, we are writing to encourage you to take advantage of **Jump Start** – a wonderful program that Montlake is offering our kindergarteners.

Jump Start is a transition-to-kindergarten experience where your child will come to school each morning for a week. During this week, s/he will become familiar with the school building, meet new friends, learn school routines and rituals, play games and practice new skills, and get to know some of the school staff.


**The Montlake Jump Start program will be held from Monday, August 21 – Friday, August 25 from 9:00a.m. until 12:00p.m. All incoming Kindergarten students are eligible to participate in this FREE program.** We will have two classes of students, and the classes will be taught by our two current kindergarten teachers: Mrs. Parker and Mrs. Yorde.


Jump Start is a voluntary program. Your student is not required to participate, but teachers feel that students who have a chance to start their kindergarten year with the Jump Start program are more comfortable, ready to learn, and make the transition to school better. Mrs. Parker and Mrs. Yorde will cover specific kindergarten expectations such as: calendar skills, read aloud, circle time and many more school routines. These skills help students have a successful first year of school. On Monday, August 22<sup>nd</sup>, parents are invited to stay at the start of class so you can meet the staff and help your child adjust. Principal Gray will hold a coffee chat in the Library at 9:30a.m. that morning to talk with parents about the first year of school as well as answer your questions. Student pick up is at 12:noon. Due to budget constraints, the District is not able to provide yellow bus transportation. If you are in need of before or after Jump Start care, please contact Montlake's on-site childcare provider, CDSA at 323-8299.

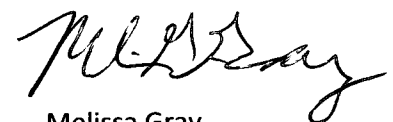
This is a great FREE opportunity for your student! **Please RSVP by filling out the attached paperwork and sending it to our Administrative Secretary, Tiffany Walker, at [tiwalker2@seattleschools.org](mailto:tiwalker2@seattleschools.org). Please type "Jump Start" in the subject line. You may also mail or bring the paperwork into the school as well.**

Once again, we look forward to having you join the Montlake family and we hope to see you at this summer's Jump Start from August 21st-August 25th!

Sincerely,

  
Kirsten Parker  
Kindergarten teacher

  
Lori Yorde  
Kindergarten teacher

  
Melissa Gray  
Principal



# Jump Start Registration

please complete both sides & return to your school

Jump Start takes place each morning, Monday through Friday, the week of August 21-25, 2017. The program is FREE and the goal is to help children feel more comfortable and ready for school. Because Seattle Public Schools is unable to offer transportation, we ask that you plan to drop off your child each day (by 9 am) and pick him/her up (by 12 noon). Your school will let you know if it offers a snack or meal and any other important information.

**School name:** \_\_\_\_\_

**Child's full name:** \_\_\_\_\_

**Name child likes to be called:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Gender:**  M  F  Other \_\_\_\_\_

**Address and Zip Code:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Family's primary language:** \_\_\_\_\_

**Will child need interpretation?**  Yes  No

**Does your child have any siblings at school?**  Yes  No

**If yes, please list their name(s), grade(s) and teacher(s)**

\_\_\_\_\_

**Emergency Contacts** (In addition to those listed above, please note people who would be willing to pick up your child in an emergency, if we could not reach you first.)

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Photo/Video Permission:** Do you give your permission for your child to be included in photos/videos of Jump Start for school use only?  Yes  No

# Health Concerns

## Health History:

1.  Allergy/Anaphylaxis – Please attach the student’s individualized health plan (IHP) for their allergy.
  - a. What is the student allergic to? \_\_\_\_\_
  - b. Yes  No  Does the student have an epinephrine auto injector rescue prescription?
  
2.  Asthma with rescue medication (for example: rescue inhaler)
  - a. Yes  No  Does child use rescue inhaler routinely for asthma symptoms?
  - b. Yes  No  Has your child been hospitalized for asthma in the past year?
  - c. Yes  No  Has your child used steroids (prednisone) for asthma symptoms in the past year?
  
3.  Seizure Disorder – Please attach the student’s individualized health plan (IHP) for seizures.
  - a. Yes  No  My student needs emergency medication for seizures.  
Medication: \_\_\_\_\_
  
4.  Diabetes – Please attach student’s individualized health plan (IHP) for diabetes.
  - a. My student has:  insulin pump  insulin pen  injected insulin
  
5.  Other: \_\_\_\_\_  IHP?  Life threatening?
  - Yes  No
  - a. Medications or treatments needed: \_\_\_\_\_
  
6.  **My student has no known health concerns**

Medications taken at school (daily, emergency)		Treatments performed at school (tube feedings, suctioning, toileting, VNS stimulator)	
Time	Medication, dose & route	Time	Treatment

Parent Signature: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Important: If your child has a serious health concern requiring medication at school**

we will need a written [Individual Health Plan](#) (IHP) and an [Authorization for Medication](#) on file at school prior to Jump Start. Without these, an adult family member will need to remain on-site during Jump Start in case of an emergency. Please call (206) 252-0750 (SPS Health Services) if your child needs an Individual Health Plan and we will assist you.