

Welcome to Kindergarten at Waverly!



Dear Parents,

I hope you had an enjoyable and relaxing summer! My name is Kelly Dubin and I will be your child's Kindergarten teacher this year! September is an exciting time of the year for students, parents, and teachers. I am very eager to share this important year in your child's life.

The structure of our daily activities are carefully planned to encourage independence, self-confidence and group cooperation through large group, small group and one-on-one participation in a variety of hands-on interactive experiences. As you know, communication is a key element in school but especially in Kindergarten. I believe it is important that we work as a team. The primary means of communication is either in your child's home folder or by email. My email address is Kdubin@eufsdk12.org

To ensure a smooth transition into Waverly, please take note of the attached documents: Kindergarten Supply List, Ms. Dubin's Supply list, Transpiration Information & Student Information page (please see below). Please bring all supplies on the first day of school. Also, please take a moment to fill out the pages below and bring them on the first day.

I am so looking forward to working with you to make this a successful school year. I can't wait to meet you!

Sincerely,
Kelly Dubin

Kindergarten

Supply List

These are the common supplies every kindergarten teacher kindly requests. There will be an additional supply list unique to your specific kindergarten teacher.

Supplies *Only these items need to be labeled with your child's first and last name	Quantity
Pre-Sharpened Ticonderoga #2 Pencils	1 box
24 pack Crayola Crayons	4 boxes
Crayola Classic Colors Broad Tip Markers	2 boxes
Expo Low Odor Thin Black Dry Erase Markers	8
Large Elmer's Glue Sticks	6 sticks
Kleenex or Puffs Tissues	2 boxes
Backpack * Please consider a large backpack with NO WHEELS	1
Lunchbox *	1
Change of Clothes including an Extra Fitted Mask * Please include shorts and long pants in addition to a shirt, socks, and underwear. Place these clothes in a labeled Ziplock bag. Place the extra fitted mask in a separate small labeled Ziplock bag.	1 full set 1 mask

Wish List and Suggestions	Quantity
Clorox Wipes	2 containers
Velcro Shoes If your child is not proficient at tying shoes, please consider sending your child to school wearing shoes they can manage independently	

* Only these items need to be labeled with your child's first and last name. Thank you!

Mrs. Dubin's

Supply List

We kindly request the following additional items below.

- 2 **yellow plastic** pocket folders **with the fasteners in the middle**
- 1 **blue paper** pocket folder **with fasteners in the middle**
- 1 Hard Cover 1" **white binder with the clear plastic in the front**
- 2 bottles of White Elmer's Liquid Glues
- 2 packets of Baby Wipes
- 1 box of gallon size Zip-Lock bags
- 1 box of quart size Zip Lock bags
- 1 package of big paper plates
- 1 package of small paper plates
- \$20.00 cash enclosed in a labeled envelope with your child's name (used for special projects)

Labeling your school supplies is not necessary. We will take care of that for you!

Thank you for your cooperation and support!



Transportation Information

Please fill out this sheet with your child's arrival and dismissal information.

Child's Name: _____

Please circle all that apply.

Morning Arrival	Drop off/ "Walker"	Bus	Bus Number
	M T W T H F	M T W T H F	_____
Afternoon Dismissal	Pick up/ "Walker"	Bus	Bus Number
	M T W T H F	M T W T H F	_____

If your child will be a "walker", please indicate who is authorized to pick up your child from school.

Name of person

Relationship to child

If your child will be attending an after school program, please fill out this portion.

Afternoon Dismissal	After School	Name of Program	Bus Number
	M T W T H F	_____	_____

Dismissal Information for the first week of school

We are so lucky to have a phase-in schedule. We know that half days may cause changes in dismissal. Please indicate your child's dismissal during the first week of school.

	Bus #	Walker
Thursday, September 9 th A-L 9:45-10:15 a.m. M-Z 10:45-11:15 a.m.	-	-
Friday, September 10 th , early dismissal at 11:40 A.M.		
Monday, September 13 th , early dismissal at 11:40 A.M.		
Tuesday, September 14 th , full day		
Wednesday, September 15 th , full day		

Student Information

Child's Name: _____
First name Last name

Child's Nickname: _____

Child's Birthday: _____

Child's Age: _____

Home Phone #: _____

Home Address: _____

Parent Information:

Name	Mobile #	Email

Names of other family members in the household (please include age/grade of siblings)

Any pets? _____ YES _____ NO

If yes, what kind? Please include name(s). _____

List several of your child's "favorites" (food, sport, hobby, TV show, etc.):

Does your child have any food allergies or intolerances? _____ YES _____ NO

If yes, please explain. _____

Does your child have any health concerns? _____ YES _____ NO

If yes, please explain. _____

Has your child attended school previously? _____ YES _____ NO

If yes, where? _____

Is there any other information you feel would help me to work and understand your child better? _____
