

**Welcome to
Coyote Creek Elementary School**



**2022-2023
Kindergarten Enrollment Packet**

**Coyote Creek Elementary
Phone: 303-387-6175
Fax - 303-387-6176**

**ALL the following items are needed to begin the process of
enrolling your child:**

Copy of Certified Birth Certificate

***Child must be 5 years old on or before Oct 1st**

Registration Packet

Proof of Residency (provide one of the following)

- **Deed of Trust**
- **Lease Agreement**
- **Purchase Agreement**
- **Property Tax Notice**
- **Warranty Deed**

Immunization Records

***From a doctor's office with a signature from a
medical professional**

**PLEASE COMPLETE THESE FORMS AND RETURN TO
COYOTE CREEK:**

- Registration Forms (4 Pages)**
- Health Information Forms (3 Pages)**
- Student Residency Questionnaire**
- Migrant Education Form (Required)**
- Parent/Guardian Media Consent Form**



Douglas County School District

Student Census

Registration Form

For Office use Only

Date of Enrollment: _____ Start Date: _____
 Student ID #: _____ Grade: _____ Room: _____
 Teacher/Counselor: _____ Track/Team: _____
 Session: AM PM Permit Code: _____ Bus #: _____

School: **Coyote Creek Elementary**

Use Dropdown to Select School

*** PLEASE PRINT ***

2022-2023

Student Information

Legal Name from Birth Certificate _____ Nickname _____
 Last First Middle (full) Phone
 Grade _____ Gender M F Date of Birth _____ Cell _____
 Residence Address _____
 City _____ State _____ Zip _____ Email _____

Interpreter Needed?

Do you need an interpreter for school meetings and events? This includes family events, parent-teacher conferences, formal plan meetings (IEP, 504, ALP, READ, ELLP), registration and enrollment, etc. Y N
 If yes, what language? _____

Race/Ethnicity

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

Part A. Is this student Hispanic / Latino? (choose only one)
 No. NOT Hispanic
 Yes. **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. Which of the following groups describe the student's race? (choose one or more)
 American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 Black or African American - A person having origins in any of the black racial groups of Africa.
 Asian - A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
 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, the Middle East or North Africa

Previous School

Has the student attended another Douglas County School District school? Y N
 If Yes, School _____ Grade _____ School Year _____
Last school attended outside the Douglas County School District:
 School _____ City _____ State _____ Grade _____
 Is your child presently under an expulsion order from any other school district? Y N
 Is your child presently under consideration for expulsion? Y N
 Is your child presently involved in the Juvenile Justice system? Y N

ELD

What is/was the student's first language? _____
 Does the student speak a language(s) other than English? Y N
 Not including language learned in school courses or academic enrichment programs (i.e., world language classes or clubs)
 If yes, specify the language(s). _____
 What language(s) is/are spoken in your home? _____

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y N
 Has your child received any previous testing, evaluations or services in any of the following areas?
 Learning Disabilities Gifted & Talented READ Plan
 Speech/Language Psychological Remedial Reading (Title 1)
 Physical Therapy Behavioral Difficulties 504 Services
 Occupational Therapy Hearing Impaired Visual Impaired Other

Parent/Guardian Signature

Date



Household Information Registration Form

For Office use Only

Student Name: _____ Last _____ First _____ Middle _____
School: _____ Grade: _____ Student ID #: _____
Teacher/Counselor: _____ Room: _____

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Household Info

Residence Address _____
City _____ State _____ Zip _____
Household Telephone _____ Unlisted? Y N

Parent/Guardian Info

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Phones: Home _____ Work _____ Cell _____
Pager _____ Email _____ Receive Mailings Y N
Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N
(Court Document)

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Phones: Home _____ Work _____ Cell _____
Pager _____ Email _____ Receive Mailings Y N
Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N
(Court Document)

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Phones: Home _____ Work _____ Cell _____
Pager _____ Email _____ Receive Mailings Y N
Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N
(Court Document)

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

Note: **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school. A parent/guardian can identify the step-parent as someone that will be attending meetings, calling student in sick, portal access, etc.

Table with 8 columns: First Name, Middle Name (full), Last Name, Date of Birth, Gender, Relation to Student, School Attending, County. Title: Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

Parent/Guardian Signature _____

Date _____



Douglas County School District
**Emergency Information
 Registration Form**

For Office use Only

Student Name: _____	_____	_____	_____
School: _____	Last _____	Grade: _____	First _____ Middle _____
Teacher/Counselor: _____		Student ID #: _____	
Room: _____		_____	

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Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name _____	Relationship to Student _____
Additional Information _____	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Phones Home _____	Work _____ Cell _____

Name _____	Relationship to Student _____
Additional Information _____	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Phones Home _____	Work _____ Cell _____

Name _____	Relationship to Student _____
Additional Information _____	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Phones Home _____	Work _____ Cell _____

Acknowledgment

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 6-17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

Notice

Notice to Parents and Students - All students new to the district shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the district. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked. State law requires immunization records be submitted at the time of registration.

Parent/Guardian Signature _____

Date _____



Douglas County School District
**Health Information
 Registration Form**

For Office use Only

Student Name: _____
 School: _____ Last _____ Grade: _____ First _____ Middle _____
 Student ID #: _____
 Teacher/Counselor: _____ Room: _____

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Name: _____ Birth Date: _____
 School: _____ Grade: _____

Early Childhood Health History

Were there any significant problems during the pregnancy, labor or delivery? Yes No
 If Yes, is this concern a current issue: Yes No
 If Yes, please explain? _____

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Dietary Needs - Comment required

Student has Special Dietary Needs

Allergies - Life Threatening - Comment required

Life threatening allergy - Dairy Comment: _____
 Life threatening allergy - Food List Food(s): _____
 Life threatening allergy - Insect Sting Comment: _____
 Life threatening allergy - Latex Comment: _____
 Life threatening allergy - Peanut Comment: _____
 Life threatening allergy - Tree Nuts Comment: _____
 Life threatening allergy - Other List: _____
 Life threatening allergy - Unknown Comment: _____

Allergies - Comment required where indicated

Animal
 Environmental / Seasonal
 Food List Food(s): _____
 Insect Sting
 Latex
 Medication List Food(s): _____
 Non-Specific

Other Conditions - Comment required where indicated

ADD/ADHD Name of medication: _____
 Alopecia
 Arthritis Juvenile
 Asthma Comment: _____
 Autism Spectrum Comment: _____
 Auto-Immune Condition Comment: _____
 Blood Disorder Comment: _____
 Cancer Comment: _____
 Celiac Disease
 Cerebral Palsy
 Chromosomal Anomalies Comment: _____
 Crohn's Disease
 Cystic Fibrosis
 Diabetes Comment: _____
 Down Syndrome
 Emotional Condition Comment: _____

Health Info

Parent/Guardian Signature _____

Date _____



Douglas County School District
Health Information (Continued)
Registration Form

For Office use Only

Student Name: _____	_____	_____	_____
School: _____	Last _____	Grade: _____	First Student ID #: _____ Middle _____
Teacher/Counselor: _____	Room: _____		

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Other Conditions - Comment required where indicated (continued)

- Encopresis Comment: _____
- Enuresis Comment: _____
- Fetal Alcohol Syndrome
- Frequent Headaches Comment: _____
- Gastrointestinal Disorder Comment: _____
- Head Injury/Concussion Comment: _____
- Hearing Impaired Comment: _____
- Heart Condition - No Restriction Comment: _____
- Heart Condition - Restrictions Comment: _____
- Hepatitis B Carrier
- Hepatitis C Carrier
- History of Injuries Comment: _____
- Hypoglycemia Comment: _____
- Immune Compromised Comment: _____
- Kidney Problem Comment: _____
- Lactose Intolerant
- Long QT Syndrome
- Migraine Headaches
- Myalgia Myositis Fibromyalgia Comment: _____
- Neurologic Disorder Comment: _____
- Nosebleeds
- Orthopedic - Physical Limitation Comment: _____
- Orthopedic - No Restrictions Comment: _____
- Other List: _____
- Quadriplegia
- Scoliosis
- Seizure Disorder Comment: _____
- Shunt/Hydrocephalus Comment: _____
- Skin Condition Comment: _____
- Syncopal Episodes Comment: _____
- Syndrome Comment: _____
- Thyroid Condition
- Tourette Syndrome Comment: _____
- Tracheostomy Comment: _____
- Traumatic Brain Injury Comment: _____
- Urinary Problem Comment: _____
- Wears Glasses/Contacts
- Von Willebrand's Disease
- Wolff Parkinson White Syndrome

Health Info

Parent/Guardian Signature _____

Date _____



Douglas County School District
 Health Information (Continued)
Registration Form

*** PLEASE PRINT ***

For Office use Only

Student Name: _____	_____	_____	_____
School: _____	Last _____	Grade: _____	First Student ID #: _____ Middle _____
Teacher/Counselor: _____	_____	Room: _____	_____

2022-2023

Additional Information

List any illness, hospitalization, surgery, accidents your student had in the the past year. None
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

List any emotional, social or other conditions that might affect your student's school performance. None

Is your student currently taking any medication, including over-the-counter medication? Yes No
 _____ Date: _____

If your student will need to be given medication at school, a Provider Medication Authorization Form for each medication will be needed. If your student is a middle school student and will self-carry prescription medication, a Permission to Carry Form must be completed for each medication. High school students may self-carry and self-administer one-day supply of medication, carried in a pharmacy labeled container.

Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc.)? Yes No
 If yes, please explain: _____

Is there anything else you would like us to know about your student? Yes No

Health Info

Parent/Guardian Media Consent Form

Student:

Student #:

School:

Grade:

The Douglas County School District (DCSD) is committed to the safety of our students, as well as respecting the privacy of their families. We also know the importance of celebrating our students' achievements and providing them with engaging learning opportunities, which today often means connecting with the world outside our classroom walls.

Under Board Policy JRA/JRC and the Family Educational Rights and Privacy Act (FERPA):

- DCSD schools and our District may disclose information that is generally not considered harmful or an invasion of privacy without written consent of the parent/guardian, if the primary purpose is to allow the District to include this type of information in certain school publications, such as yearbooks, newsletters, websites, social media, playbills, team rosters or honor rolls.

Additionally, unless indicated below, students may:

- Publish digital or social media online as part of their lessons.
- Participate in interviews, photography, audio or video recording by our schools, District or news media.

Check items below ONLY if you wish to opt out your student.

_____ **MEDIA BLACKOUT:** Do not publish information about my student, including basic information (student's name, their school, grade and accomplishments).

MEDIA BLACKOUT - All information, including basics.

This Opt Out restricts our schools and the District from releasing any personally identifiable information about a student, including basic details like their name, school, grade and their school photo.

As a result, the student will NOT be included in:

- The yearbook portrait section (this includes their name and school photo)
- Official class (group) photos
- Any type of celebratory posts by a school, i.e., the list of students who received an award

This is the most restrictive option and therefore results in the automatic opt out of ALL MEDIA LEVELS.

_____ By initialing here I have read and understand this Opt Out.

_____ **INSTRUCTIONAL MEDIA:** Do not allow my student to publish digital and/or social media online as part of their lessons.

INSTRUCTIONAL MEDIA - Digital and/or social media online during lessons.

Great learning opportunities often encourage our students to create work that has a real-world impact outside of their schools. We, however, understand that when these projects involve digital or social media*, there may be accompanying concerns about privacy.

This Opt Out restricts a student from participating in learning opportunities that result in the school or District publishing of a student's basic information (like their name, school, grade and their school photo) and class work (writing, drawings, paintings, photography, etc.).

As a result, the student will NOT be included in classroom activities which involve publishing of digital/social media online, including:

- Publicly visible or archived videos, web chats or live streams
- Podcasts
- Publishing of scientific/scholarly reports by outside organizations

This Opt Out, however, still ALLOWS students to work in secured digital environments**, like Google Sites, where a student's work is protected from the outside world.

*Digital media includes photos, video, audio recordings and documents placed on a computer or the Internet.

**Secured digital environments are when a password is required to view these items outside of the school.

_____ By initialing here I have read and understand this Opt Out.

_____ **MEDIA COVERAGE:** Do not allow my student to be interviewed, photographed or recorded by school staff, our District or news media for coverage of school events or achievements.

MEDIA COVERAGE - Interviews, photographs or recordings by our schools, District or news media.

On a daily basis we celebrate the accomplishments of our students and schools. We want to share this news with our community, including on our schools' websites or social media accounts.

This Opt Out restricts schools, DCSD and outside media organizations from taking photos or videos of the student or allowing the student to participate in interviews during academic activities.

As a result, the student will NOT be included in media coverage, including:

- **Photos or videos taken in the student's academic environment**
- **Interviews (audio or video) with representatives from the school, DCSD or outside media**

Please note: There is no expectation of privacy during school assemblies or other large school gatherings, sporting events, off-campus field trips or extra-curricular activities. Privacy cannot be guaranteed in public locations.

_____ By initialing here I have read and understand this Opt Out.

Please Read and Sign Below

I understand that unless I have made a selection above, my school, our District and/or outside media may use information, images or video of my child. In the event the school or District uses those photographs and/or video footage of my child, that no compensation will be made to me for this use. I also understand that this form will apply for the duration of my child's enrollment in DCSD. I acknowledge by my signature below that I understand the above-stated information.

Signature:

Date:

Student Residency Questionnaire

Douglas County School: _____

Student's Legal Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: M F

Parent(s) / Legal Guardian(s): _____ Phone/Pager: _____

Address: _____ City: _____ State / Zip Code: _____

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box)

Section A	Section B
<input type="checkbox"/> Choices in Section B do not apply	<input type="checkbox"/> With friends or family members due to the loss of housing or financial hardship <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> In an Emergency Shelter <input type="checkbox"/> A student not living with parent or legal guardian <input type="checkbox"/> Other? Explain _____ _____

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 (one) parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 (two) parents | <input type="checkbox"/> alone with NO adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that IS NOT the parent or the legal guardian |

Signature(s) of Parent(s) / Legal Guardian(s) _____ Date: _____

Signature(s) of Parent(s) / Legal Guardian(s) _____ Date: _____

Notes:

Section B – If Section B is checked, this form **MUST** be completed and returned to school personnel.

School Contact who may know of the family's situation:

Name / Title: _____ Phone: _____



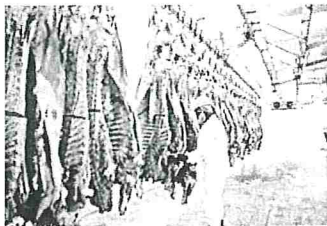
Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		How many children under the age of 22 live with you in your household? _____

- 1) In the past three years, has your family moved to another state, city, school district, and/or county?
 YES NO
- 2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?
 YES NO

CIRCLE all that apply below, even if the work was only for a short period of time.



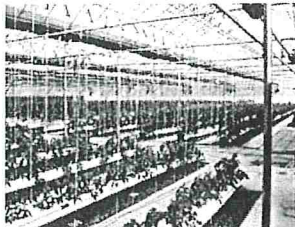
Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)



Agriculture or Field Work
(planting, picking, sorting crops, soil preparation, irrigation, fumigation)



Dairy & Cattle Raising
(feeding, milking, rounding up)



Nursery or Greenhouse
(planting, potting, pruning, watering, harvesting)



Forestry
(soil preparation, planting, growing, cutting trees)



Fishing & Fish Processing
(catching, sorting, packing, transporting fish)

If you answered "yes" to either question above, please continue below. Otherwise, your form is complete.

HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:	

This form and the data recorded within are protected to maintain family and child confidentiality. School district staff: You may mail or fax the form to the contact information below. If you have any questions, please contact:

Metro Migrant Education Program
14707 E 2nd Ave, Suite 180
Aurora, CO, 80011
P. 303-365-5817 F. 303-856-7294

Nut Restriction Policy

We have several students at CCE who have life threatening allergies to nuts and/or peanuts. To ensure the safety of all students we serve, we ask that **peanut products or nuts not be brought for classroom snacks**. (This would include walnuts, almonds, hazelnuts, pecans, macadamia nuts, Brazil nuts, etc, and of course, peanut butter and nut butters.) **These products are only allowed in the lunch room during grade level lunches at designated tables.**

While in the lunchroom:

- Students will sit at identified tables that are either nut restricted or allow nuts
- The same identified tables are used each day for nut restrictions to ensure safety
- The towels used to clean tables after each lunch will be separate for the nut restricted tables
- Students eating food containing nuts will wash their hands before returning to the classroom
- If a student without a nut restriction would like to join a friend at the nut restricted table, they must bring or purchase a nut free lunch.

Birthdays - We do not celebrate students' birthdays with any type of **outside** food. Birthdays are celebrated by announcement at the end of the month. Students will be recognized by the principal and will receive a birthday pencil. Students may share small trinkets with classmates (ie. pencils, bouncy balls or other fun items).

School Day

School is in session from 8:40am until 3:30pm. Doors open at 8:30am and can enter at their leisure until 8:40am. After 8:40am, students must be checked in at the office. Students may not be dropped off prior to 8:20am. There is no adult supervision on the playground before or after school.

Office Hours

The school office will be open from 7:30am to 4:00pm on regular days. These times may be adjusted on days that are not on a regular schedule, such as weather-impacted days or staff in-service days. Check the Coyote Creek website for summer hours.

Attendance Line
303-387-6177

Weather Hotline
303-387-7669 (snow)

Coyote Creek has an app! Available on the App Store or Google Play. Search for Coyote Creek Elementary. You can record an absence, check the lunch menu and get important notifications and alerts.



2022-2023 School Calendar

JULY						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

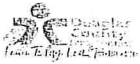
MAY						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

KEY:	
School in session (173 Student Days)	District Holiday (District Offices Closed)
No Students/Teacher Only	No School
New Teacher Orientation	Fall Break
Teacher PD Days	Thanksgiving Break
Teacher Work Days	Winter Break
August 1st and 2nd	Spring Break
August 3rd, September 23rd, October 31st, February 17th, and April 24th	Compensation Days
August 4th, August 5th, December 22nd, January 9th, and May 26th	October 17th - 21st
	November 21st - 25th
	December 22nd - January 9th
	March 13th - 17th
	November 23rd and April 21st

If for any reason the school district must close schools, the calendar may be amended by the Board of Education to Provide additional school days on Saturdays, during vacations, or at the end of the present calendar.

Approved by the Board of Education: October 20, 2020



Start Strong in Kindergarten

- In the same way that every child learns to walk at a different age, different children develop academic and social skills at different rates.
- **This is not a checklist.** Instead, this is a way for you reflect upon your child's strengths and growth areas as you prepare your child for Kindergarten.
 - If your child has some of the skills listed in each area, your child's skills are in line with the expectations for kindergarten readiness.
 - If your child has not yet acquired many of the skills in each area, it may indicate that your child could benefit from more experience in a structured learning environment or exposure to similar-aged peers prior to embarking on kindergarten.

<p style="text-align: center;">Language</p> <ul style="list-style-type: none"> • Recognizes own name and names of familiar people and things • Speaks in complete sentences • Tells a story about a past experience • Engages in conversations with others • Uses words to express needs • Understands and follows 2 step directions • Listens when someone is talking 	<p style="text-align: center;">Social Emotional</p> <ul style="list-style-type: none"> • Puts his or her belongings away • Uses materials appropriately (art materials, toys) • Uses the bathroom and washes hands independently • Asks an adult for help when needed • Identifies emotions (happy, sad, mad) • Shows concern for others • Plays positively with 2-3 other children • Takes turns with toys and on the playground • Separates from parent/guardian and recovers quickly 	<p style="text-align: center;">Cognitive</p> <ul style="list-style-type: none"> • Works cooperatively with a friend to play a game or complete a puzzle • Sustains an activity for more than 5 minutes • Tries different solutions to solve a problem. • Ask questions about something to learn new information • Uses imagination and props to engage in pretend play • Makes connections when reading a book
<p style="text-align: center;">Physical</p> <ul style="list-style-type: none"> • Runs and walks • Alternates feet on stairs • Climbs playground equipment • Jumps on two feet • Throws and kicks a ball • Cuts with scissors • Pours liquids from one container to another • Uses fork and spoon to eat • Buttons/zips own clothing with support • Opens and closes doors • Holds a pencil, crayon or marker correctly 	<p style="text-align: center;">Literacy</p> <ul style="list-style-type: none"> • Recognizes that some words begin with the same sound • Knows most letters in the alphabet • Recognizes when two words rhyme • Draws a picture and tells about it • Recognizes and can write own first name • Pretends to read a book (knows how to hold book and where to start reading) • Pretends to read a familiar story using language similar to the text • Asks and answers questions about a book • Retells familiar stories 	<p style="text-align: center;">Math</p> <ul style="list-style-type: none"> • Recognizes numerals to 5 or 10 • Counts 5 to 10 objects • Understands positional words (next to, under, on top of, over, between) • Compares objects: smaller/larger, heavier/lighter, more/less • Sorts objects by color, size, or shape • Builds a tower or structure with blocks



Para Comenzar Fuerte en Kindergarten

Las siguientes habilidades en seis áreas clave del aprendizaje y el desarrollo son importantes para que los niños entren al kindergarten. ¿En qué áreas es fuerte su hijo(a)? ¿Cuáles son las áreas de crecimiento en las que pueda trabajar en la medida que su hijo(a) comienza el año de kindergarten?

<p style="text-align: center;">Lenguaje</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reconoce su propio nombre y el nombre de personas o cosas familiares <input type="checkbox"/> Habla con oraciones completas <input type="checkbox"/> Cuenta una historia sobre una experiencia pasada <input type="checkbox"/> Sostiene conversaciones con otros <input type="checkbox"/> Usa palabras para expresar necesidades <input type="checkbox"/> Entiende y sigue instrucciones de dos etapas <input type="checkbox"/> Escucha cuando alguien habla 	<p style="text-align: center;">Emocional Social</p> <ul style="list-style-type: none"> <input type="checkbox"/> Guarda sus pertenencias <input type="checkbox"/> Usa materiales apropiadamente (materiales de arte, juguetes) <input type="checkbox"/> Usa el baño y se lava las manos independientemente <input type="checkbox"/> Le pide ayuda a un adulto cuando la necesita <input type="checkbox"/> Identifica emociones (feliz, triste, enojado) <input type="checkbox"/> Muestra preocupación por otros <input type="checkbox"/> Juega positivamente con otros 2 o 3 niños <input type="checkbox"/> Se turna con los juguetes y en el parque infantil <input type="checkbox"/> Se separa de un padre o tutor y se recupera rápidamente 	<p style="text-align: center;">Cognitivo</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trabaja conjuntamente con un amigo cuando juega a un juego o completa un rompecabezas <input type="checkbox"/> Mantiene una actividad por más de 5 minutos <input type="checkbox"/> Prueba diferentes soluciones para resolver un problema <input type="checkbox"/> Hace preguntas sobre algo para aprender nueva información <input type="checkbox"/> Usa la imaginación y accesorios para hacer como que juega con algo <input type="checkbox"/> Hace conexiones cuando le leen un libro
<p style="text-align: center;">Físico</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corre y camina <input type="checkbox"/> Alterna los pies en una escalera <input type="checkbox"/> Trepa los equipos del parque infantil <input type="checkbox"/> Brinca con los dos pies <input type="checkbox"/> Avienta y patea una pelota <input type="checkbox"/> Corta con tijeras <input type="checkbox"/> Traslada líquidos de un recipiente a otro <input type="checkbox"/> Usa tenedor y cuchara para comer <input type="checkbox"/> Abotona o usa el cierre de su ropa con ayuda <input type="checkbox"/> Abre y Cierra puertas <input type="checkbox"/> Toma un lápiz, un lápiz de cera (crayola) o un marcador correctamente 	<p style="text-align: center;">Alfabetización</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reconoce que algunas palabras comienzan con el mismo sonido <input type="checkbox"/> Sabe la mayoría de las letras en el alfabeto <input type="checkbox"/> Reconoce cuando dos palabras riman <input type="checkbox"/> Hace un dibujo y habla sobre lo que hizo <input type="checkbox"/> Reconoce y puede escribir su propio nombre <input type="checkbox"/> Pretende que lee un libro (sabe cómo tomarlo y dónde empezar a leer) <input type="checkbox"/> Pretende que lee una historia familiar usando un lenguaje similar al del texto <input type="checkbox"/> Hace y responde preguntas sobre el libro <input type="checkbox"/> Vuelve a contar historias familiares 	<p style="text-align: center;">Matemáticas</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reconoce los números hasta el 5 o hasta el 10 <input type="checkbox"/> Cuenta de 5 a 10 objetos <input type="checkbox"/> Comprende palabras que indican posición (cerca de, debajo, encima de, sobre, entre) <input type="checkbox"/> Compara objetos: <input type="checkbox"/> Más pequeño que/más grande que, más pesado que/más liviano que, más/menos <input type="checkbox"/> Clasifica objetos por su color, tamaño o forma <input type="checkbox"/> Construye una torre o una estructura con bloques

*Las seis áreas clave del aprendizaje y el desarrollo son dadas a conocer por la Evaluación de ingreso al kindergarten TS



COLORADO

Department of Public
Health & Environment

Advancing Colorado's health and protecting the places we live, learn, work and play

Dear parents/guardians of students in Colorado kindergarten - 12th grade schools for the 2020-21 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick. We wish you and your student a healthy school year!

Required and recommended vaccines

- Colorado law requires students who attend a public, private, or parochial kindergarten - 12th grade school to be vaccinated against many of the diseases vaccines can prevent, unless an exemption is filed. For more information, visit colorado.gov/cdphe/schoolrequiredvaccines (or cdphe.colorado.gov/schoolrequiredvaccines). Your student must be vaccinated against:
 - o diphtheria, tetanus & pertussis (DTaP, DTP, Tdap)
 - o polio (IPV)
 - o measles, mumps, rubella (MMR)
 - o hepatitis B (HepB)
 - o varicella (chickenpox)
- Colorado follows recommendations set by the Advisory Committee on Immunization Practices. Students entering kindergarten must receive their final doses of DTaP, IPV, MMR and varicella. Students entering 6th grade must receive one dose of Tdap vaccine, even if they are under 11 years of age. You can view recommended vaccine schedules for children 0 - 6 years of age at cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf and preteens/teens 7 - 18 years of age at cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf.
- Vaccines are recommended for hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

Exclusion from school

- Your student may be excluded from school if your school does not have an up-to-date vaccine record, exemption, or in-process plan for your student on file.
- If someone gets sick with a vaccine-preventable disease or there is an outbreak at your student's school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a measles-mumps-rubella (MMR) vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

Have questions?

- You may want to talk to a healthcare provider licensed to give vaccines or your local public health agency about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at SpreadTheVaxFacts.com, ImmunizeForGood.com, and colorado.gov/cdphe/immunization-education (or cdphe.colorado.gov/immunization-education).

Paying for vaccinations

- If you need help finding free or low-cost vaccines and providers who give them, go to COVax4Kids.org, contact your local public health agency, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your local public health agency at colorado.gov/cdphe/find-your-local-public-health-agency (or cdphe.colorado.gov/find-your-local-public-health-agency).

Vaccination records

- Please take your student's updated vaccine record to school every time they receive a vaccine.
- Need to find your student's vaccine record? It may be available from the Colorado Immunization Information System. Visit COVaxRecords.org for more information.

Exemptions

- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a health care provider licensed to give vaccines. You only need to submit this form once, unless your student's information or school changes. You can get the form at colorado.gov/vaccineexemption (or cdphe.colorado.gov/vaccineexemption).
- If you choose not to have your student vaccinated according to the current recommended schedule because of personal belief or religious reasons, you must submit a non-medical exemption to your school. Non-medical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months and 18 months. The easiest way to file a personal or religious exemption is by using our online or downloadable non-medical exemption form available at colorado.gov/vaccineexemption (or cdphe.colorado.gov/vaccineexemption).

How's your school doing on vaccinations?

- Some parents, especially those with students who have weakened immune systems, may want to know which schools have the highest percent of vaccinated students. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department annually. Immunization and exemption rates can be found at COVaxRates.org.

Please share Page 2 of this letter with your student's health care provider as it provides helpful information about vaccines required



COLORADO

Department of Public
Health & Environment

Advancing Colorado's health and protecting the places we live, learn, work and play

Dear Colorado health care provider:

Colorado School Entry Immunization Law (25-4-901 et seq, C.R.S) and Colorado Board of Health rule (6 CCR 1009-2) require students who attend a public, private or parochial K - 12 school, licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases vaccines can prevent, or have an exemption on file. For more information, visit, colorado.gov/pacific/cdphe/schoolrequiredvaccines (or cdphe.colorado.gov/schoolrequiredvaccines). Students must be vaccinated against:

- diphtheria, tetanus and pertussis (DTaP, DTP, Tdap)
- polio (IPV)
- measles, mumps, rubella (MMR)
- hepatitis B (HepB)
- haemophilus influenzae type b (Hib)
- pneumococcal (PCV13)
- varicella (chickenpox)

The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be considered valid, a dose of vaccine must meet both the minimum age and minimum intervals as defined by ACIP. You can view the current ACIP vaccine schedule for persons 0 - 18 years of age at cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Vaccines are recommended for rotavirus, hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required for school attendance.

Colorado schools are required to review immunization records for school entry and can only accept valid doses of vaccine. Your patients may receive notification of noncompliance if a dose of vaccine does not meet the minimum age or minimum interval requirements, per the ACIP schedule. There are three ways a student can meet the compliance requirements established by Colorado law:

- 1) A student is considered fully immunized if he or she has received all doses of school-required vaccines according to the current ACIP schedule. Note: students are required to receive their final doses of DTaP, IPV, MMR and varicella by kindergarten entry and their Tdap by 6th grade entry, even if the student is under 11 years of age.
- 2) A student is in the process of becoming up-to-date on required vaccines and has a written plan from the parent/guardian on file with the school.
- 3) The student's health care provider (medical doctor, doctor of osteopathic medicine, advanced practice nurse or delegated physician assistant) has signed an official *Immunization Medical Exemption Form* because of a condition that precludes the student from receiving vaccine(s), or the student (emancipated or 18 years of age or older) or student's parent/guardian has submitted a signed non-medical exemption (religious or personal belief).

If students do not meet at least one of the compliance criteria, they are not permitted to attend school. If you have questions about the student's school immunization requirement, please communicate with the student's school nurse or school representative.

If you have questions about the ACIP immunization schedule, vaccines marked as invalid in your patient's immunization record, or about Colorado School Entry Immunization Law, please contact us at 303-692-2700 or cdphe.dcdimmunization@state.co.us. If you have questions about the Colorado Immunization Information System (CIIS), please contact us at 303-692-2437 (press 2), 1-888-611-9918 (press 1) or cdphe.ciis@state.co.us.

Other reliable clinical resources include:

- CDC Vaccines & Immunizations - cdc.gov/vaccines/default.htm
- CDC's *Epidemiology & Prevention of Vaccine-Preventable Diseases* - cdc.gov/vaccines/ed/webinar-epv/index.html
- The Immunization Action Coalition: Ask the Experts - immunize.org/askexperts/
- CDC Experts at the National Immunization Program - nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)