Welcome to
Coyote Creek Elementary School

2021-2022
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
### Legal Name from Birth Certificate
Last Name ____________________________
First Name ____________________________
Middle (full) Name ____________________________
Date of Birth ____________________________

### Residence Address
City ____________________________ State _______ Zip _______

### Interpreter Needed?

### 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 Philippine 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

#### Has the student attended another Douglas County School District school?

- [ ] Yes. School ____________________________ Grade _____ School Year _____

#### Previous School
Last school attended outside the Douglas County School District:
School ____________________________ City ____________________________ State _______ Grade _____

### ELD

### Does the student speak a language(s) other than English?
- [ ] Yes. 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?

### Is your child currently on an Individual Educational Plan for Special Services?
- [ ] Yes. Learning Disabilities
- [ ] Yes. Speech/Language
- [ ] Yes. Physical Therapy
- [ ] Yes. Occupational Therapy

### Special Services

- [ ] Counseling
- [ ] Psychological
- [ ] Behavioral Difficulties
- [ ] Hearing/Visual Impaired

### Has your child received any previous testing, evaluations or services in any of the following areas?
- [ ] Gifted & Talented
- [ ] Remedial Reading (Title 1)
- [ ] 504 Services
- [ ] Other

**Parent/Guardian Signature ____________________________ Date ____________**
**PLEASE PRINT**

**Residence Address**

City_____________ State_____ Zip_____

**Household Telephone**

Unlisted? Y□ N□

**Name**

Relationship to Student________

**Residence Address**

City_____________ State_____ Zip_____

**Mailing Address**

(if different from above)

City_____________ State_____ Zip_____

**Phones:** Home_________ Work_________ Cell_________

Pager_________ Email_________

Receive Mailings Y□ N□

Does Student reside with? Parent Y□ N□ Legal Guardian N□ **Step-Parent Y□ N□**

[Court Document]

**Name**

Relationship to Student________

**Residence Address**

City_____________ State_____ Zip_____

**Mailing Address**

(if different from above)

City_____________ State_____ Zip_____

**Phones:** Home_________ Work_________ Cell_________

Pager_________ Email_________

Receive Mailings Y□ N□

Does Student reside with? Parent Y□ N□ Legal Guardian 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.

**Other Children Under Age 18 in the Home – Names MUST be from Birth Certificate**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name (if)</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Relation to Student</th>
<th>School Attending</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Parent/Guardian Signature ______________________ Date ________________
Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident

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

Name __________________________ Relationship to Student __________________________
Additional Information __________________________ Gender M □ F □
Phones Home ______ Work ______ Cell ______

Name __________________________ Relationship to Student __________________________
Additional Information __________________________ Gender M □ F □
Phones Home ______ Work ______ Cell ______

Name __________________________ Relationship to Student __________________________
Additional Information __________________________ Gender M □ F □
Phones Home ______ Work ______ Cell ______

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 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 ________________
### 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: __________________________

### 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  
- Celiac Disease  
- Cerebral Palsy  
- Chromosomal Anomalies  
  Comment: __________________________
- Crohn's Disease  
- Cystic Fibrosis  
- Diabetes  
  Comment: __________________________
- Down Syndrome  
- Emotional Condition  
  Comment: __________________________
<table>
<thead>
<tr>
<th>Condition</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Encopresis</td>
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<tr>
<td>Enuresis</td>
<td></td>
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<tr>
<td>Fetal Alcohol Syndrome</td>
<td></td>
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<tr>
<td>Frequent Headaches</td>
<td></td>
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<tr>
<td>Gastrointestinal Disorder</td>
<td></td>
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<tr>
<td>Head Injury/Concussion</td>
<td></td>
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<tr>
<td>Hearing Impaired</td>
<td></td>
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<tr>
<td>Heart Condition - No Restriction</td>
<td></td>
</tr>
<tr>
<td>Heart Condition - Restrictions</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Carrier</td>
<td></td>
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<tr>
<td>Hepatitis C Carrier</td>
<td></td>
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<tr>
<td>History of Injuries</td>
<td></td>
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<tr>
<td>Hypoglycemia</td>
<td></td>
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<tr>
<td>Immune Compromised</td>
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<tr>
<td>Kidney Problem</td>
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<tr>
<td>Lactose Intolerant</td>
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<tr>
<td>Long QT Syndrome</td>
<td></td>
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<tr>
<td>Migraine Headaches</td>
<td></td>
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<tr>
<td>Myalgia Myositis Fibromyalgia</td>
<td></td>
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<tr>
<td>Neurologic Disorder</td>
<td></td>
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<tr>
<td>Nosebleeds</td>
<td></td>
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<tr>
<td>Orthopedic - Physical Limitation</td>
<td></td>
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<tr>
<td>Orthopedic - No Restrictions</td>
<td></td>
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<tr>
<td>Other</td>
<td>List:</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td></td>
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<tr>
<td>Scoliosis</td>
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<tr>
<td>Seizure Disorder</td>
<td></td>
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<tr>
<td>Shunt/Hydrocephalus</td>
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<tr>
<td>Skin Condition</td>
<td></td>
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<tr>
<td>Syncopal Episodes</td>
<td></td>
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<tr>
<td>Syndrome</td>
<td></td>
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<tr>
<td>Thyroid Condition</td>
<td></td>
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<tr>
<td>Tourette Syndrome</td>
<td></td>
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<tr>
<td>Tracheostomy</td>
<td></td>
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<tr>
<td>Traumatic Brain Injury</td>
<td></td>
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<tr>
<td>Urinary Problem</td>
<td></td>
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<tr>
<td>Wears Glasses/Contacts</td>
<td></td>
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<tr>
<td>Vision Impaired</td>
<td></td>
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<tr>
<td>Von Willebrand's Disease</td>
<td></td>
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<tr>
<td>Wolff Parkinson White Syndrome</td>
<td></td>
</tr>
</tbody>
</table>
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 □

________________________________________________

________________________________________________
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)

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Choices in Section B do not apply</td>
<td>☐ With friends or family members due to the loss of housing or financial hardship</td>
</tr>
<tr>
<td></td>
<td>☐ In a motel, car or campsite</td>
</tr>
<tr>
<td></td>
<td>☐ In an Emergency Shelter</td>
</tr>
<tr>
<td></td>
<td>☐ A student not living with parent or legal guardian</td>
</tr>
<tr>
<td></td>
<td>☐ Other? Explain ____________________________________________</td>
</tr>
</tbody>
</table>

2. The student lives with:

☐ 1 (one) parent
☐ 2 (two) parents
☐ 1 parent & another adult
☐ a relative, friend(s) or other adult(s)
☐ alone with NO adults
☐ 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.

<table>
<thead>
<tr>
<th>CHILD'S FIRST NAME:</th>
<th>CHILD'S LAST NAME:</th>
<th>BIRTHDATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL:</td>
<td>GRADE:</td>
<td></td>
</tr>
<tr>
<td>PARENT/GUARDIAN NAME:</td>
<td>How many children under the age of 22 live with you in your household? _______</td>
<td></td>
</tr>
</tbody>
</table>

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.*

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>TODAY’S DATE:</th>
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</thead>
<tbody>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>TELEPHONE (WITH AREA CODE):</td>
<td></td>
</tr>
<tr>
<td>BEST DAY AND TIME TO CALL:</td>
<td>PREFERRED LANGUAGE:</td>
</tr>
</tbody>
</table>

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
Encuesta Ocupacional de Colorado MEP

Sus hijos pueden ser candidatos para recibir servicios suplementarios gratuitos, como tutoría, transporte y útiles escolares, además de otros servicios. Le agradeceríamos responder las siguientes preguntas para poder determinar su elegibilidad. Una vez contestada, envíela a la escuela o a la oficina regional de MEP que se detalla al pie de la página.

<table>
<thead>
<tr>
<th>NOMBRE DEL MENOR:</th>
<th>APELLIDO DEL MENOR:</th>
<th>FECHA DE NACIMIENTO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESCUELA:</td>
<td>GRADO:</td>
<td></td>
</tr>
<tr>
<td>NOMBRE DEL PADRE/TUTOR:</td>
<td>¿Cuántas personas de menos de 22 años viven en su domicilio?</td>
<td></td>
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</tbody>
</table>

1) ¿Durante los últimos tres años, su familia se ha cambiado a otro estado, ciudad, escuela, y/o condado?
   - [ ] SI
   - [ ] NO

2) ¿Usted o alguien de su familia directa está trabajando o ha trabajado durante los últimos tres años, en alguna de las siguientes ocupaciones relacionadas con el trabajo agrícola o pesquero?
   - [ ] SI
   - [ ] NO

**CIRCULE** todo lo que corresponda, incluso si el trabajo fue por un período corto.

- **Procesamiento & Empaquetado**
  - Fruta, vegetales, huevos, carne de pollo, cerdo, res, o cualquier otro tipo de ganado

- **Agricultura o Trabajo de Campo**
  - cosecha, recolección y clasificación de cultivo, preparación del suelo, riego, fumigación

- **Lechería & Cría de Ganado**
  - alimentar, ordeñar, acorralar, arrear

- **Vivero o Invernadero**
  - cultivar, plantar, podar, regar, cosechar

- **Silvicultura**
  - preparación del suelo, cosecha y crecimiento, corte de árboles

- **Pesca & Procesamiento de Pescado**
  - capturar, clasificar, empacar, transportar pescado

**Si contestó “SI” a cualquier pregunta anterior, por favor continúe. De lo contrario, su encuesta está completa.**

<table>
<thead>
<tr>
<th>DOMICILIO:</th>
<th>FECHA:</th>
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<tbody>
<tr>
<td>CIUDAD:</td>
<td>ESTADO:</td>
</tr>
<tr>
<td>TELEFONO (CON CODIGO DE AREA):</td>
<td>CODIGO POSTAL:</td>
</tr>
<tr>
<td>DÍA Y HORA PARA COMUNICARNOS CON USTED:</td>
<td>IDIOMA PREFERIDO:</td>
</tr>
</tbody>
</table>

Esta encuesta y los datos registrados en la misma están protegidos para mantener la confidencialidad de la familia y los menores.

Personal del distrito escolar: Envíe la encuesta por correo o fax. Si tiene preguntas, comuníquese a:

**Programa Metropolitano Educativo Para Migrantes**
14707 E 2nd Ave Suite 180
Aurora, CO, 80011
303-365-5817 F. 303-856-7294
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: ____________
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.

<table>
<thead>
<tr>
<th>Attendance Line</th>
<th>Weather Hotline</th>
</tr>
</thead>
<tbody>
<tr>
<td>303-387-6177</td>
<td>303-387-7669 (snow)</td>
</tr>
</tbody>
</table>

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.
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.dcc immunization@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.clis@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/aske xperts/
- CDC Experts at the National Immunization Program - ntip info@cdc.gov or 1-800-CDC-Info (1-800-232-4636)
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:
  - diphtheria, tetanus & pertussis (DTaP, DTP, Tdap)
  - polio (IPV)
  - measles, mumps, rubella (MMR)
  - hepatitis B (HepB)
  - 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, meningocecal 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 for school entry, per Colorado law.

Colorado Immunization Branch | 303-692-2700 | cdphe.dcdimmunization@state.co.us

December 2019
# 2021-2022 School Calendar

<table>
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<tr>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
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<th>JUNE</th>
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**KEY:**
- School in session (173 Student Days)
- District Holiday (District Offices Closed)
- No School
- New Teacher Orientation: August 2nd and 3rd
- Teacher PD Days: August 4th, September 24th, November 1st, February 18th, and April 22nd
- Teacher Work Days: August 5th, August 6th, December 17th, January 3rd, and May 26th

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.

<table>
<thead>
<tr>
<th>Language</th>
<th>Social Emotional</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes own name and names of familiar people and things</td>
<td>Puts his or her belongings away</td>
<td>Works cooperatively with a friend to play a game or complete a puzzle</td>
</tr>
<tr>
<td>Speaks in complete sentences</td>
<td>Uses materials appropriately (art materials, toys)</td>
<td>Sustains an activity for more than 5 minutes</td>
</tr>
<tr>
<td>Tells a story about a past experience</td>
<td>Uses the bathroom and washes hands independently</td>
<td>Tries different solutions to solve a problem</td>
</tr>
<tr>
<td>Engages in conversations with others</td>
<td>Asks an adult for help when needed</td>
<td>Ask questions about something to learn new information</td>
</tr>
<tr>
<td>Uses words to express needs</td>
<td>Identifies emotions (happy, sad, mad)</td>
<td>Uses imagination and props to engage in pretend play</td>
</tr>
<tr>
<td>Understands and follows 2 step directions</td>
<td>Shows concern for others</td>
<td>Makes connections when reading a book</td>
</tr>
<tr>
<td>Listens when someone is talking</td>
<td>Plays positively with 2-3 other children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Takes turns with toys and on the playground</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separates from parent/guardian and recovers quickly</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical</th>
<th>Literacy</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runs and walks</td>
<td>Recognizes that some words begin with the same sound</td>
<td>Recognizes numerals to 5 or 10</td>
</tr>
<tr>
<td>Alternates feet on stairs</td>
<td>Knows most letters in the alphabet</td>
<td>Counts 5 to 10 objects</td>
</tr>
<tr>
<td>Climbs playground equipment</td>
<td>Recognizes when two words rhyme</td>
<td>Understands positional words (next to, under, on top of, over, between)</td>
</tr>
<tr>
<td>Jumps on two feet</td>
<td>Draws a picture and tells about it</td>
<td>Compares objects: smaller/larger, heavier/lighter, more/less</td>
</tr>
<tr>
<td>Throws and kicks a ball</td>
<td>Recognizes and can write own first name</td>
<td>Sorts objects by color, size, or shape</td>
</tr>
<tr>
<td>Cuts with scissors</td>
<td>Pretends to read a book (knows how to hold book and where to start reading)</td>
<td>Builds a tower or structure with blocks</td>
</tr>
<tr>
<td>Pours liquids from one container to another</td>
<td>Pretends to read a familiar story using language similar to the text</td>
<td></td>
</tr>
<tr>
<td>Uses fork and spoon to eat</td>
<td>Asks and answers questions about a book</td>
<td></td>
</tr>
<tr>
<td>Buttons/zips own clothing with support</td>
<td>Retells familiar stories</td>
<td></td>
</tr>
<tr>
<td>Opens and closes doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds a pencil, crayon or marker correctly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The six key areas of learning and development are informed by the TS GOLD® Kindergarten Entry Assessment*
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?

<table>
<thead>
<tr>
<th><strong>Lenguaje</strong></th>
<th><strong>Emocional Social</strong></th>
<th><strong>Cognitivo</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Reconoce su propio nombre y el nombre de personas o cosas familiares</td>
<td>□ Guarda sus pertenencias</td>
<td>□ Trabaja conjuntamente con un amigo cuando juega a un juego o completa un rompecabezas</td>
</tr>
<tr>
<td>□ Habla con oraciones completas</td>
<td>□ Usa materiales apropiadamente (materiales de arte, juguetes)</td>
<td>□ Mantiene una actividad por más de 5 minutos</td>
</tr>
<tr>
<td>□ Cuenta una historia sobre una experiencia pasada</td>
<td>□ Usa el baño y se lava las manos independientemente</td>
<td>□ Prueba diferentes soluciones para resolver un problema</td>
</tr>
<tr>
<td>□ Sostiene conversaciones con otros</td>
<td>□ Le pide ayuda a un adulto cuando la necesita</td>
<td>□ Hace preguntas sobre algo para aprender nueva información</td>
</tr>
<tr>
<td>□ Usa palabras para expresar necesidades</td>
<td>□ Identifica emociones (feliz, triste, enojado)</td>
<td>□ Usa la imaginación y accesorios para hacer como que juega con algo</td>
</tr>
<tr>
<td>□ Entiende y sigue instrucciones de dos etapas</td>
<td>□ Muestra preocupación por otros</td>
<td>□ Hace conexiones cuando le leen un libro</td>
</tr>
<tr>
<td>□ Escucha cuando alguien habla</td>
<td>□ Juega positivamente con otros 2 o 3 niños</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Se turna con los juguetes y en el parque infantil</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Se separa de un padre o tutor y se recupera rápidamente</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Físico</strong></th>
<th><strong>Alfabetización</strong></th>
<th><strong>Matemáticas</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Corre y camina</td>
<td>□ Reconoce que algunas palabras comienzan con el mismo sonido</td>
<td>□ Reconoce los números hasta el 5 o hasta el 10</td>
</tr>
<tr>
<td>□ Alterna los pies en una escalera</td>
<td>□ Sabe la mayoría de las letras en el alfabeto</td>
<td>□ Cuenta de 5 a 10 objetos</td>
</tr>
<tr>
<td>□ Trepa los equipos del parque infantil</td>
<td>□ Reconoce cuando dos palabras ríman</td>
<td>□ Comprende palabras que indican posición (cerca de, debajo, encima de, sobre, entre)</td>
</tr>
<tr>
<td>□ Brinca con los dos pies</td>
<td>□ Hace un dibujo y habla sobre lo que hizo</td>
<td>□ Compara objetos:</td>
</tr>
<tr>
<td>□ Avienta y patea una pelota</td>
<td>□ Reconoce y puede escribir su propio nombre</td>
<td>□ Más pequeño que/más grande que, más pesado que/más liviano que, más/menos</td>
</tr>
<tr>
<td>□ Corta con tijeras</td>
<td>□ Pretende que lee un libro (sabe cómo tomarlo y dónde empezar a leer)</td>
<td>□ Clasifica objetos por su color, tamaño o forma</td>
</tr>
<tr>
<td>□ Traslada líquidos de un recipiente a otro</td>
<td>□ Pretende que lee una historia familiar usando un lenguaje similar al del texto</td>
<td>□ Construye una torre o una estructura con bloques</td>
</tr>
<tr>
<td>□ Usa tenedor y cuchara para comer</td>
<td>□ Usa botones o usa el cierre de su ropa con ayuda</td>
<td></td>
</tr>
<tr>
<td>□ Abro y Cierra puertas</td>
<td>□ Abre y cierra puertas</td>
<td></td>
</tr>
<tr>
<td>□ Toma un lápiz, un lápiz de cera (crayola) o un marcador correctamente</td>
<td>□ Toma un lápiz, un lápiz de cera (crayola) o un marcador correctamente</td>
<td></td>
</tr>
</tbody>
</table>

*Las seis áreas clave del aprendizaje y el desarrollo son dadas a conocer por la Evaluación de Ingreso al kindergarten TS GOLD®*
Journey to Kindergarten

Arrive with Five

Each child is unique and learns at his or her own pace. However, there are things that all families can do to make sure that their child arrives at kindergarten prepared and ready to succeed.

Approaches to Learning

Important Skills
- Starts and finishes an activity.
- Tries new things.
- Willing to take a risk and make a mistake.
- Thinks of a solution to a problem.
- Desires to be independent.
- Maintains attention and listens to others.
- Works cooperatively in a group setting.

How to Develop the Skills
- Ask your child to set the table.
- Ask your child to help make a grocery list.
- Let your child choose what’s for dinner.
- Make music together using kitchen utensils.
- Ask your child to mist your houseplants with a plant sprayer.
- Perform a puppet show.
- Play follow the leader and hide and seek with your child.
- Ask your child specific questions about the day, such as “What did you have for lunch?” and “What do you want to do tomorrow?”
- Play with puzzles, art projects, and games that encourage your child to sit for 5 to 8 minutes.
- Practice two-step directions, such as take off your shoes and put them in the closet.
- Look for community art, such as outdoor sculptures, paintings in the public library, and talk about how they were made and how it makes us feel.
- Sort objects like blocks, crayons, and grapes.

Health and Wellness

Important Skills:
- Cares for self (brush teeth, wash hands, dress).
- Has a regular bedtime and bedtime routine to promote 8 to 10 hours of sleep each night.
- Makes healthy choices by trying a variety of nutritious foods.
- Participates in daily active play with limited TV/computer time.
- Makes safe choices, such as following safety rules (crossing streets), wears helmet, uses seat belt/car seat.
- Stays current with well-child checks, immunizations, and dental visits.

How to Develop the Skills:
- Plan relaxing activities like a bath or story 45 minutes before bedtime.
- Involves children in shopping and meal preparation.
- Encourage fitness by doing some of these activities every day: jump, hop, run, yoga, hike, ride bikes, kick and throw balls.
- Have your child act out how different animals move.
- Make a nature collage with things found outside.
- Find healthy green (or other color) foods, set up taste tests with healthy foods and talk about which is a favorite.
- Play outside, take a walk, go to the park, and visit recreation centers.
- Plant a garden together.
- Have a picnic together, let your child serve him/herself.
Math and Science

Important Skills
- Counts and uses number words such as same/different, more/less, at/none.
- Asks questions, guesses, finds answers about everyday things in his/her environment.
- Matches, sorts, and groups objects.
- Compares shapes and sizes.
- Learns to recognize numbers.
- Builds with toys and objects to make three dimensional structures.
- Learns to recognize and name coins.

How to Develop the Skills
- Count grapes, apple slices, orange slices, etc.
- Count objects like blocks, crayons, etc.
- Play games that include matching, sorting and counting.
- Put on music and dance or clap your hands to the beat.
- Look for squares, circles, rectangles and numbers inside and outside.
- Draw a picture with your child and cut it up, making your own puzzle.
- Do simple experiments such as sink/float, melt/freeze, and mixing colors.
- Build towers, bridges, and ramps with blocks, cubes, and boxes.
- Watch dance performances and learn steps to simple dances, such as The Bunny Hop. Notice the patterns and rhythms.
- Use play money and pretend to shop.
- Draw a simple map of child’s bedroom and talk about the placement of items.

Literacy and Language

Important Skills
- Engages in conversations and tells short stories.
- Listens and follows directions.
- Learns new sounds, letters and words each day.
- Rhymes words and sings songs.
- Scribbles, draws pictures, and writes some letters.

How to develop the skills
- Read to your child every day and have books within easy reach.
- While reading, follow your child’s lead and stop to discuss the story.
- Show your child how to read a book from front to back, left to right.
- Take your child to the local library and look for story times and other programs.
- Say a word to your child, have him/her think of rhymes. Be open to silly rhyming words.
- Draw pictures and talk about them.
- Find all the things around your house that begin with the same letter.
- Find animals that begin with the first letter of your child’s name.
- Help your child to write his/her first name.
- Sing the alphabet with your child.

Social Skills and Relationships

Important Skills
- Learns and uses feeling words such as happy, sad, mad, frustrated, disappointed, excited.
- Knows how to re-focus, calm down and bounce back.
- Makes friends and plays with other children.

How to Develop the Skills
- Talk with your child about friendship and family.
- Read books that describe different emotions and talk about them.
- Have your child make faces that show different feelings (sad, happy, angry, etc.).
- Have your child describe his/her own feelings.
- Create a play box with clothing, hats and inexpensive items to use for imaginative play.
- Talk with your child about traditions.
- Have your child invite a friend over to play.
- Find opportunities to problem solve, such as sharing a toy.
- Celebrate accomplishments even if they’re small.
- Model ways to handle frustration calmly.

Important Skills
- Counts and uses number words such as same/different, more/less, at/none.
- Asks questions, guesses, finds answers about everyday things in his/her environment.
- Matches, sorts, and groups objects.
- Compares shapes and sizes.
- Learns to recognize numbers.
- Builds with toys and objects to make three dimensional structures.
- Learns to recognize and name coins.

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- Draw a picture with your child and cut it up, making your own puzzle.
- Do simple experiments such as sink/float, melt/freeze, and mixing colors.
- Build towers, bridges, and ramps with blocks, cubes, and boxes.
- Watch dance performances and learn steps to simple dances, such as The Bunny Hop. Notice the patterns and rhythms.
- Use play money and pretend to shop.
- Draw a simple map of child’s bedroom and talk about the placement of items.