



February 1, 2017

Dear Parent/Guardian,

The Neenah Joint School District (NJSD) is excited to invite your child to attend our Four-Year-Old Kindergarten (4K) program for the 2017-18 School Year!

The NJSD 4K program is for any child who will be 4 years-old on or before September 1, 2017. It will operate Monday-Friday, either AM or PM, and will follow the NJSD calendar. Hours for the AM and PM programs will vary by site. Please read over the enclosed handouts for specific information.

ENROLL AT:

Washington School, 220 E Franklin Ave

*Feb 20th - June 7th, 2017

7:30 am - 3:30 pm

Administration Building, 410 S Commercial St

*Starting June 12th

8:00 am - 4:00 pm

Please bring with you the completed paperwork from this packet, your child's birth certificate, proof of address, and picture ID for the adult who is enrolling the child. It is not necessary for your child to come to enrollment.

An overview of the attendance area boundaries and transportation policies for the 4K program for the 2017-18 school year are as follows:

4K boundaries

Please use this link to view the 4K boundary map: <http://bit.ly/2josmTA>

- Students in the Hoover & Wilson attendance areas will attend 4K at their respective school
- Students in sections of Taft, Spring Road and Clayton will attend 4K at A Child's Imagination
- Students in the Coolidge, Lakeview, Roosevelt, and sections of Taft, Spring Road and Clayton will attend 4K at Washington
- Tullar will be divided into two sections using county road CB with students on the west side attending Washington and the east side attending Hoover
- Consistent with practices at the 5K-grade 5 level, students would be expected to attend their assigned site unless approved for a boundary exemption. If approved, parents would be responsible for transportation
- Students accepted to attend the Head Start program will attend 4K at Washington
- For transportation purposes, students attending certain child care centers will be assigned to the indicated NJSD site for 4K (please refer to boundary map and site information sheet)

Transportation

- Transportation TO the AM session is available if you live outside of a 2-mile radius from your designated 4K site
- Transportation FROM the AM and TO and FROM the PM session is available to ALL 4K students with no radius limits
- PLEASE NOTE: If you request to attend a 4K site other than the site determined by the 4K boundary map, you are required to provide transportation

Placements

- We will make every effort to accommodate your request for site and session time
- Historically, the AM session fills up first, and we are not always able to accommodate AM requests
- Requests received during the initial enrollment week are generally accommodated; future requests will be considered on a first come first served basis per district guidelines
- **Placement letters and request forms for transportation will be sent out by June 1, 2017.**


If you have specific questions that are not answered in this packet, please call Stacie Nelson, 4K Program Administrator, at 751-6990 or send an email to njsd4k@neenah.k12.wi.us.

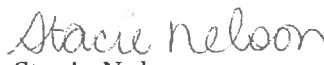
We will hold a Parent Orientation meeting in August to go over specific information about the 4K program. You will receive more information at a later date.

We look forward to seeing you at our enrollment days and to working with you and your child this coming school year!

Please call 751-6990 if you do not plan to enroll your child in the 4K program.

Sincerely,


Steve Dreger
Assistant District Administrator
Of Learning and Leadership
(920) 751-6800 x 10114


Stacie Nelson
Principal, Washington School
4K Program Administrator
(920) 751-6990 x24101

4K Site Information

Neenah Joint School District

410 S Commercial Street, Neenah WI 54956



The Neenah Joint School District (NJSD) will operate this free public school program in the sites listed in this document. All 4K classrooms will have a DPI licensed, NJSD teacher and full time educational assistant, and will run 5 half-days per week according to the district calendar.

Enrollment for the 2017-18 school year will be based on attendance area boundaries. You may view the 4K Boundary map here: <http://bit.ly/2josmTA>

A Child's Imagination, Inc., 1368 Cold Spring Rd., PH 920-729-6153

- NJSD 4K session times are: 8:30-11:10 AM and 12:05-2:45 PM
- Child care facility for ages 6 weeks to 12 years
- Child care available M-F from 6:30 AM to 6:00 PM
- If additional child care is needed, before or after the 4K session, separate registration with ACI is required (limited space is available)
- Priority placement for NJSD students enrolled with ACI
- One 4K classroom (AM and PM session) available

Hoover Elementary, 950 Hunt Ave.

- 4K-5th grade school
- 4K session times are 8:05-10:45 AM and 12:25-3:05 PM
- One 4K classroom (AM and PM session) available

Washington School of Early Learning, 220 E. Franklin Ave.

- Early Childhood Special Education, Head Start & 4K school
- NJSD 4K session times are 8:30-11:10 AM and 12:05-2:45 PM
- Head Start eligible students will need to apply directly with the UW-Oshkosh Head Start Program (<http://www.uwosh.edu/headstart>)
- Six 4K classrooms (AM and PM sessions) available

Wilson Elementary, 920 Higgins Ave.

- 4K-5th grade school
- 4K session times are 8:05-10:45 AM and 12:25-3:05 PM
- One 4K classroom (AM and PM session) available

Please note the following updates for the 2017-18 School Year:

- The 4K classroom that was previously at Taft Elementary is being relocated to Washington School for the 2017-18 school year due to the addition of a 5th grade classroom at Taft.
- For transportation purposes, students attending the following child care centers will be assigned to the indicated NJSD site for 4K:
 - Discover Little Miracles to Wilson 4K
 - Early Learning Center to Washington 4K
 - Forever Young to Wilson 4K
 - Kinder Care to Wilson 4K
 - Stepping Stones to A Child's Imagination 4K
 - YMCA to Washington 4K

4K Enrollment Checklist

Neenah Joint School District

Forms to be completed and returned at the time of enrollment:

	4K Site Selection Form
	Student Demographics/Enrollment Papers
	Student Health Information
	Student Immunization Record

The following forms are requested but not required and may be returned by start of school year:

	Physical Examination Report
	Eye Exam

Along with the above forms, please bring a picture ID, proof of student's age, and proof of residency. If you have any questions, please call 920-751-6990.

4K SITE SELECTION FORM
NEENAH JOINT SCHOOL DISTRICT

Child's Last Name _____ First Name _____

Home Address _____ City _____

Phone _____ Date of Birth _____

Before completing this section, please review the NJSD 4K boundary map at <http://bit.ly/2josmTA> and the 4K Site Information sheet.

According to the information I have reviewed, my child should attend (please check only ONE option):

- A Child's Imagination
- Hoover Elementary School
- Washington School of Early Learning
- Wilson Elementary School

OR, my child is currently enrolled at:

- Discover Little Miracles and will need transportation to and/or from Wilson 4K site
- Early Learning Center and will need transportation to and/or from Washington 4K site
- Forever Young and will need transportation to and/or from Wilson 4K site
- KinderCare and will need transportation to and/or from Wilson 4K site
- Stepping Stones and will need transportation to and/or from A Child's Imagination 4K site
- YMCA and will need transportation to and/or from Washington 4K site

I would prefer: AM PM

Please check any that apply:

- _____ My child is currently enrolled at _____ for child care
- _____ My child has been accepted into the UW-Oshkosh Head Start Program
- _____ I am interested in/will be enrolling in the UW-Oshkosh Head Start Program
- _____ My child has a current Individualized Education Plan (IEP)

Comments:

FOR OFFICE USE ONLY

- Confirmation of enrollment at child care center _____
- Confirmation of enrollment in Head Start
- Confirmation of IEP Program _____
- 5K-5TH Home School _____

4K PLACEMENT

<input type="checkbox"/> ACI	<input type="checkbox"/> Hoover	<input type="checkbox"/> Washington	<input type="checkbox"/> Wilson	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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4K Student Health Information

Neenah Joint School District

Child's name _____ Date _____

Birthdate _____ Age _____

Parent/Guardian Name _____

HEALTH HISTORY

1. Does your child have any health conditions, allergies, or food intolerance? Yes _____ No _____
If so please explain:

2. Is your child taking a daily medication? Yes _____ No _____
If so, please list medication(s) and reason(s):

3. Has your child experienced any serious illness, accidents, injuries, or surgeries? Yes _____ No _____
If so, when and please explain:

4. Do you have any concerns about your child's behavior? Yes _____ No _____
If so, please comment:

5. DEVELOPMENTAL HISTORY

a. Was your child considered to be in good health at birth? Yes _____ No _____
If not, please comment:

b. Do you have any concerns about your child's development? Yes _____ No _____
If so, please comment:

c. Do you have any concern about your child's growth, height or weight? Yes _____ No _____
If so, please explain:

6. DENTAL HISTORY

Do you have a family dentist? Yes _____ No _____
Dentist: _____

Has your child ever visited the dentist? Yes _____ No _____
Date: _____

Comments: _____

(continued on other side)

7. HEALTH CONDITIONS (Please check diagnosed conditions)

ADHD_____	Asthma_____	Concussion/Head Injury_____
Diabetes_____	Frequent Ear infections_____	Ear Tubes_____
Genital_____	Frequent Headaches_____	Heart Disease_____
Kidney/Bladder_____	Mental Health_____	Muscle Problems_____
Frequent Pneumonia_____	Seizures_____	Other Condition_____

Please explain conditions checked above:

8. VISION HISTORY

Has your child experienced any difficulties with vision? Yes_____ No_____

Has your child ever had a professional vision exam? Yes_____ No_____

Doctor: _____

Date: _____ Results: _____

Does your child show symptoms of eye fatigue, stress or infection such as:
Blinking_____ Squinting_____ Itching_____ Tearing_____ Redness_____ Injury_____

Does your child hold books close to eyes or sit close to TV? Yes_____ No_____

Does your child hold books far away from eyes? Yes_____ No_____

Does your child close one eye or squint? Yes_____ No_____

9. HEARING HISTORY

Has your child been treated medically or surgically for ear problems or frequent ear infections? Yes_____ No_____

Was your child treated by an ENT specialist? Yes_____ No_____

Doctor: _____

Hearing test results_____

Has your child experienced any difficulties with hearing, such as:
Turning TV or radio louder_____ Turning head to one side_____

Frequently misunderstanding instructions_____ Asking that instructions be repeated_____

The above information is accurate and complete and may be used by school district personnel for education purposes of my child.

Parent/Guardian Signature

Date

**STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS
 2014 SCHOOL YEAR and Beyond**

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT ²	3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶	
Grades K through 5	4 DTP/DTaP/DT/Td ^{1,2}	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶	
Grades 6 through 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for all students Pre K through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

NEENAH JOINT SCHOOL DISTRICT

PHYSICAL EXAMINATION REPORT

Date of Examination _____

Name of Student _____ Birth Date _____ Grade _____

Parent/Guardian _____ School _____

Address _____ Phone _____

Medical Conditions of Concern

Physical Limitations or School Activity Restrictions

Immunizations: Please complete yellow immunization card. A print-out from your doctor is also acceptable.

Vision

Right 20/ _____ Left 20/ _____

Hearing

Right ear _____

Left ear _____

_____ I would like the Nurse to contact me regarding this child.

_____ I would like the Teacher to contact me regarding this child.

Signature of Examining Physician _____

Address _____ Phone _____

RETURN THIS EXAM FORM TO YOUR CHILD'S SCHOOL WHEN COMPLETED.

Eye Examination Law

Prior to December 31 of your child's kindergarten year, state law recommends that your child undergo an eye examination by an optometrist or an eye evaluation by a physician. The evaluation would require a more in-depth vision assessment than the child's pediatrician typically provides at a five-year-old wellness check-up. The Wisconsin Optometric Association recommends complete examination. Their member optometrists have committed to providing such examinations at no cost for any child whose family meets certain financial criteria and does not have insurance coverage for eye examinations. Please plan to schedule this component of your child's pre-kindergarten health testing prior to the start of the school year. You may contact the Wisconsin Optometric Association for more information at (877-435-2020).



410 South Commercial Street • Neenah, WI 54956 • Tel: (920) 751-6800 • Fax: (920) 751-6809

The ability to succeed in school is very much connected to eye health and visual ability. We encourage you to have your child's eyes examined by a doctor or optometrist before school starts in fall. If you do, please ask your eye doctor to complete this form and return it to school by December 31st.

Student's Name _____ Date of Birth ___/___/___ Gender M___ F___

Parent/Guardian Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

School _____ School District _____ County _____

Date entering Kindergarten _____

Which of the following six aspects of an eye exam were completed?

- Brief history of the child (general and eye) including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopy examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

FINDINGS:

As a result of this examination, follow-up care for this child is recommended: Yes _____ No _____

Date of Vision Exam _____

Name of Doctor _____ Signature _____

Doctor's Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Notice to Parents:

Disclosure of this information is voluntary and there is no penalty for non-compliance. If you do not feel that you can afford to pay for an exam, please contact the Wisconsin Optometric Association at (877) 435-2020. You may qualify for a **free exam**. Please return the form to your child's school by **December 31st** after your child's enrollment in kindergarten.

Head Start Preschool Program Available at Washington School, Neenah



Why choose Head Start?

Head Start Program is a federally funded free preschool program for children who are 3 or 4 years old on or before September 1st, 2017. Comprehensive services are provided to children and their families who meet income eligibility requirements. Two Head Start program options with extended hours are now located at Washington School in Neenah. Children can enroll in a Head Start option that compliments other district programs like Early Childhood or 4k. Your child and family will receive the benefits of **BOTH** programs in **ONE** place.

Head Start Comprehensive Services

- School Readiness curriculum
- Supports social, emotional, cognitive, language, and literacy development
- Transportation Services MAY be available for 8:20 and/or 2:45
- Mid-day Rest Time
- Nutritious Meals/Snacks
- Family Fun Events
- Smaller teacher/child ratios
- A variety of program options (3.5 hr, 5 hr, 6 hr programs)
- Health Screenings: vision, hearing, dental exams, height, and weight checks
- Head Start Staff offer support and resources to families
- 2 teacher home visits & 2 parent conferences

When is Head Start offered?

Morning Head Start Option
Monday-Thursday
8:20am-12:05
Or 8:20am-2:45pm
(4k/EC children can transition from Head Start to their 12:05-2:45 4k/EC class)

Late Morning Head Start Option
Monday-Thursday
11:00am-4:00pm
(4k/EC children can transition from their 8:20-11:00 4k/EC class to Head Start)

How to apply:

The UW Oshkosh Head Start program is accepting applications for the 2017-18 school year. If you are interested in registering your child please fill out the section below and hand it in with your 4K paperwork today. If you are able, please attend our Head Start registration THIS Friday, Feb 17th or Friday, March 17th at Washington School from 8am-noon. See reverse side for what to bring to apply!

Child's name _____ Child's Birthdate _____

Parent's name(s) _____














#1 Phone number _____ #2 Phone number _____

Address _____ Neenah, WI 54956



**Neenah Joint School District
4K Program
2017-18 School Year**

The following child care facilities, within the Neenah Joint School District, have agreed to allow transportation between their facility and the NJSD 4K sites for the 2017-18 school year. This list is not an endorsement by the NJSD, but rather information for parents to assist with planning for wrap-around care. For more information on each of the facilities please visit the Child Care Resource & Referral site at: <http://www.ccrfoxvalley.org/en/>.

- | | |
|---|--|
|  A Child's Imagination Inc.
1368 Cold Spring Road, Neenah
920-729-6153 |  Little Feet Giant Steps
657 Oak Street, Neenah
920-725-1926 |
|  Discover Little Miracles
1421 S. Commercial Street, Neenah
920-722-5159 |  Little Miracles Family Day Care
1112 N Lake Street, Neenah
920-722-6448 |
|  Early Learning Center
2425 Industrial Drive, Neenah
920-969-9122 |  Ms. Chloe's Nanny Service
747 Congress Street, Neenah
920-284-1802 |
|  Forever Young Child Care Center
1224 S Commercial Street, Neenah
920-720-9567 |  Neenah-Menasha YMCA
110 W. North Water Street, Neenah
920-886-2147 or 920-886-2134 |
|  Kids Place Family Child Care, LLC
929 Zemlock Avenue, Neenah
920-228-0542 |  Stepping Stones Learning Center
1303 American Drive, Neenah
920-725-1200 |
|  KinderCare
776 Birch Street, Neenah
920-722-1110 |  Twinkling Stars Child Care
2198 Redtail Drive, Neenah
920-420-6605 |
|  Little Blossoms Daycare
412 High Street, Neenah
920-427-2452 | |

**NEENAH JOINT SCHOOL DISTRICT
STUDENT ENROLLMENT FORM**

_____ (legal last name)

_____ (legal first name)

_____ (nickname)

_____ (middle name)

Student lives with (Circle one): Both parents/same household mother father 50/50 other _____

Has this person lived in Neenah previously? _____ Has this person been expelled (or is pending expulsion) in another district? **Y** or **N** If so, please list the district _____

Legal Gender (Please circle one): **M** or **F**

Birth Date ____/____/____

For Office Use Only

Birth Certificate

Parent Statement

Received/Verified by _____

Is this student Hispanic or Latino? ____ No ____ Yes

Race (circle all that apply; you must choose at least one):

White **American Indian or Alaska Native** **Asian** **Black** **Native Hawaiian or Other Pacific Islander**

Primary languages spoken _____

What language did your child speak when he/she first began to talk? _____ What languages does your child speak at home? _____ What languages do you or other parent/guardians use when speaking to this student? _____

Birth City _____

Birth County _____

Birth State _____

This person is enrolling at (School) _____ Grade _____ Start Date _____

Transferring from (School) _____ City _____ State _____

EMERGENCY CONTACT: (if parent/guardian cannot be reached)

_____, _____, _____
(last name) (first name) (middle name)

Cell Phone : _____ Home Phone: _____ Work Phone: _____

Relationship to student _____

Special Education Services/IEP? _____ If yes, please list the type of disability (for example: SLD, ED, CDS, etc.)

TRANSPORTATION QUESTIONNAIRE MUST BE FILLED OUT BY PARENT IF YES IS MARKED FOR DISABILITY excluding speech/language disability

Health Alert Information: List any health condition that will require an emergency plan for your child at school:

Proof of immunization is required by State of WI Student Immunization Law (Chapter 252, Wis. Stats. and HFS 144 Wis. Admin. Code). Please provide us with a copy of your child's up to date immunizations.

I verify that all information is complete and accurate _____ Date: _____

(Signature of parent/legal guardian)

NEENAH JOINT SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Proof of Residency	<input type="checkbox"/>
Guardian Identification	<input type="checkbox"/>

PRIMARY HOUSEHOLD INFORMATION

Household Address:

_____ (Street Address) _____ (Apt. #) _____ (City) _____ (State) _____ (Zip)

House Phone Number: _____

Mother/ Legal Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

Father/ Legal Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (Suffix i.e. Jr., Sr., II) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

LIST ALL RESIDENTS WHO ARE UNDER 22 YEARS OLD RESIDING AT THIS HOUSEHOLD							
Last Name	First Name	Middle Name	Gender (M or F)	Date of Birth	Grade	Current School	Ethnicity (see below)

P = Native Hawaiian or other Pacific Islander B = African American H = Hispanic I = American Indian W = White A = Asian

I verify that all information is complete and accurate _____ Date _____
(Signature of Parent/Guardian)

PLEASE SEE FORM B TO LIST SECONDARY HOUSE INFORMATION

NEENAH JOINT SCHOOL DISTRICT STUDENT ENROLLMENT FORM

SECONDARY HOUSEHOLD INFORMATION

Please fill this form out if there is a second address for a Neenah Joint School District student OR if secondary household chooses to receive school mailings.

Household Address:

_____ (Street Address) _____ (Apt. #) _____ (City) _____ (State) _____ (Zip)

Would you like this secondary household to receive school mailings (circle one)? **YES** **NO**

House Phone Number: _____

Mother/Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

Father/Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (Suffix i.e. Jr., Sr., II) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

LIST NEENAH RESIDENTS ONLY WHO ARE UNDER 22 YEARS OLD RESIDING AT THIS HOUSEHOLD							
Last Name	First Name	Middle Name	Gender (M or F)	Date of Birth	Grade	Current School	Ethnicity (see below)

P = Native Hawaiian or other Pacific Islander **B** = African American **H** = Hispanic **I** = American Indian **W** = White **A** = Asian

I verify that all information is complete and accurate _____ Date _____
(Signature of Parent/Guardian)