

WELCH ELEMENTARY 2020 -2021 KINDERGARTEN REGISTRATION

CHILD MUST TURN FIVE ON OR BEFORE AUGUST 31, 2020 TO REGISTER

You must have the following documents in order to enroll your child:

- ❖ A certified birth certificate
- ❖ Proof of residency in the Caesar Rodney School District.
 - This **must** be one of the following: a lease agreement or mortgage document.
 - The document must show the home address and name of the parent/guardian.
 - No P.O. Box addresses, driver license, phone bills, and cable bills are accepted for proof of residency.
 - We will not process any registration without these documents.
- ❖ Photo ID of parent or guardian registering the student.
- ❖ Guardianship papers (if needed).

These health records, if available, should be brought to registration:

1. a copy of the child's physical (the physical may be up to 2 years old)
2. a copy of the child's lead level (Delaware required)
3. a copy of the child's TB screenings
4. immunization record (including 2 varicella vaccines)

**All new kindergartners must complete the DIAL assessment before entering kindergarten.
Appointments for the DIAL assessment will be scheduled at a later date.**

Please contact the main office if you have any questions:

Welch Elementary
3100 Hawthorne Drive
Dover, DE 19901
302-674-9080
Kimberly.Underwood@cr.k12.de.us
Michele.Hobbs@cr.k12.de.us



Caesar Rodney School District

7 Front Street
Camden Wyoming, Delaware
302-698-4800

ENROLLMENT FORM

Student Information

Last Name: First Name: Middle Name:
Birth Date: Place of Birth:
Grade: Gender: Hispanic/Latino Ethnicity:
Race: (Choose one or more)
911 Street Address: Mailing Address:
City, State, Zip Code:
Residency Documented By:
Home Telephone #: Military Base Housing:
Previous School: Retired Military:
Mailing Address: National Guard:
School Choice: Reserves:
Resident School: Civil Service*:
Resident District: Active Duty Military*:
Special Program Enrollment: *If yes, please indicate department or branch:

Parent/Guardian Information

Parent Step-Parent Foster Parent Guardian Other
Name:
Address:
Home Telephone:
Date of Birth: M Day Year
Employer:
Work Telephone:
Cellular Telephone:
E-Mail Address:
Emergency Contact:
Emergency Telephone:

Siblings in Household Under Age 18:

Name: Age: Grade:
Name: Age: Grade:
Name: Age: Grade:

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Migrant Survey

Have you moved across state or school district lines within the last 3 years?

Yes No

Have you ever or are you currently seeking employment in agriculture, food processing or in the fisheries?

Yes No

Was your move into the school district related to your employment?

Yes No

Student lives with*: Father Mother Step-Father Step-Mother Guardian

*If there are custodial /guardianship restrictions, it will be necessary for you to provide the school with a copy of court records.

For New Kindergarten Enrollments ONLY

1. Did your child attend a preschool or child care program/center in Delaware this past year?

Circle: Yes / No

2. If yes, in which county did your child attend the preschool or child care program/center?

Circle: New Castle County / Kent County / Sussex County

3. If yes, what was the name of the preschool or child care program/center?

I verify all information presented on this form is factual. I understand that any misinformation regarding residency will result in the termination of this student's enrollment in the Caesar Rodney School District.

It is the responsibility of the parent/guardian to inform the school of any changes in information on this form.

Signature: _____
Individual Enrolling Student

Date: _____

Relationship to Student: _____

For Office Use Only

Enrolled By: _____

Student ID: _____ Records Requested: _____ Room: _____ Bus: _____

Last State Test Score: PL Read: _____ PL Math: _____ Grade of Last Test: _____



DEPARTMENT OF EDUCATION

Townsend Building
 401 Federal Street Suite 2
 Dover, Delaware 19901-3639
 DOE WEBSITE: <http://www.doe.k12.de.us>

Susan S. Bunting, Ed.D.
 Secretary of Education
 Voice: (302) 735-4000
 FAX: (302) 739-4654

Delaware Department of Education Home Language Survey

Date: _____ School: _____

The Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. The information provided will only be used to determine whether your student is eligible to begin the English as a Second Language process and will not be used for immigration matters or reported to immigration authorities.

Student Information			
First Name:		Country of birth:	
Last Name:		Date of entry in the US:	
Birthdate:		Date student first enrolled in a US school:	

Circle grades your child attended in US schools

PK K 1 2 3 4 5 6 7 8 9 10 11 12

How many total months has the student been enrolled in a US school? _____

1. What language did your child first learn?

Language: _____ | Dialect: _____

2. What language does your child most often use at home?

Language: _____ | Dialect: _____

3. What languages do you most often speak to your child?

Language: _____ | Dialect: _____

4. What language(s) other than English are spoken in your home?

Language: _____ | Dialect: _____

5. What language would you prefer to receive information from your school?

Language: _____ | Dialect: _____

Parent Name _____

Parent Signature _____

Date _____

LEA: Please have all families complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. (If a language other than English or Non-US English is listed on questions 1-3, the LEA must continue with a records review, step 2 of the English learner identification process.)



Delaware McKinney-Vento Student Residency Questionnaire

This Student Residency Questionnaire is intended to address the McKinney-Vento Act. Your answers will help the school personnel determine residency documents necessary for enrollment of this student. Information provided on this form is confidential.

Name of Student: _____ D.O.B.: _____ Grade: _____ Male Female

Name of Current School: _____ Name of Last School: _____

Is your current address a temporary living arrangement? Yes No

If you answered 'YES', please complete all questions on this form.

If you answered 'No', you may stop here. You do not need to complete this form.

1. Do you live in any of these following situations?

Sharing the housing of other persons due to: (check one)

Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)
Explain: _____

Long-term, cooperative living arrangement to save money or a similar reason

Other (please specify): _____

In a motel, hotel, campground or similar setting due to: (check one)

Lack of alternative adequate accommodations,
Explain: _____

A convenient living arrangement or waiting for apartment or house to be ready

Other (please specify): _____

In an emergency or transitional shelter such as a domestic violence shelter or a homeless shelter or transitional housing or other shelter

Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting

None of the above

2. How long do you anticipate living at this location? _____

3. The student lives with:

Parent(s) or legal guardians(s)

Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian

Alone with no adults

4. Please list the name and ages of any children living with you that you have guardianship of:

A. _____ C. _____

B. _____ D. _____

I am the parent/legal guardian of _____, who is of school age and who is seeking enrollment in the school district.

I understand that presenting a false record of falsifying records is an offense under Federal and state laws and enrollment of the child under false documents subjects the person to liability for tuition and other costs.

Printed Name: _____

Signature: _____ Date: _____ Email: _____

Address: _____

Phone Number with Area Code: _____ Emergency contact Phone Number with Area Code: _____

STUDENT DATA COLLECTION FORM

Student's Name: _____

Student's Grade: _____

School: _____

Please answer BOTH questions 1 and 2.

No: _____ (my child is not Hispanic or Latino)

Yes: _____ (my child is Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is your child's race, select one or more:

- American or Alaska 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.
- Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American
A person having origins in any of the black racial groups of Africa.
- 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.

Parent/Guardian Signature

Date

DELAWARE DEPARTMENT OF EDUCATION
TITLE I, PART C
Agricultural Work Survey

English/Spanish

Dear Parent/ Guardian,

Date: _____

In order to serve your child, _____, the _____ District/Charter School is helping the State of Delaware identify students who may qualify to receive additional education and support services.

(Insert District/Charter School Name)

The information provided below will be kept confidential with in the Department of Education and will be used for planning purposes only. Please answer the following questions and return this form to your child's school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

_____ YES _____ NO

If "NO," do not complete the remainder of this survey. If "YES," please continue.

2. Was the reason for this change to look for or to accept a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

_____ YES _____ NO

If "YES," please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- | | | | |
|---------------|--------------------------|--|--|
| Farm | Chicken processing plant | Dried or dehydrated fruits/spices | Plant nursery/greenhouse |
| Dairy | Processing meat/fish | Sod farms | Tree growing or harvesting |
| Ranch | Cranberry bogs | Meat or food packing plant | Food processing |
| Cannery | Fresh/frozen juices | Mushrooms | Pet food processing |
| Chicken house | Fishery | Planting, picking, or packing fruits, vegetables, seeds, or nuts | Cleaning, weeding or preparing land for planting |

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

Please list all children ages 3-21 years old in the home, including those not enrolled in school:

First / Last name	Date of Birth	Age	Grade	School

Parent/Guardian: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISCLAIMER: The ORIGINAL document must be submitted to the Delaware Department of Education, Title I, Part C Office within 10 days of the student's enrollment by State Mail (code D370B) or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901. A copy of this form must be retained in the student's file to document compliance with the Title I, Part C federal program requirements.

DELAWARE SCHOOL PHYSICAL EXAMINATION FORM

To be completed by licensed medical physician, nurse practitioner or physician's assistant.

Name: _____ Sex: _____ DOB: _____

Date: _____ Examiner: _____

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING. GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

- | | | | |
|--------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Emotional | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone/Spine | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney | <input type="checkbox"/> Vision |
| <input type="checkbox"/> OTHER _____ | | | |

Comments: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____

Vision: Right _____ Left _____

Hearing: Right _____ Left _____

Lead Screening: Date Completed _____ Results _____

Hematocrit/Hemoglobin: Date Completed _____ Results _____

PPD (Mantoux): Date Placed _____ Date Read _____ Results (in mm) _____

or
TB Risk Assessment: Date Completed _____ Results _____

3. Immunizations - *Shaded Vaccines Required*

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DT/Td 1 / /	DT/Td 2 / /	DT/Td 3 / /	DT/Td 4 / /	DT/Td 5 / /
DT/Td 1 / /	DT/Td 2 / /	DT/Td 3 / /	DT/Td 4 / /	DT/Td 5 / /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	OPV/IPV 5 / /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	OPV/IPV 5 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	
Hep B 1 (2 dose Version Only) / /	Hep B 2 (2 dose Version Only) / /	Hep B/Hib 1 / /	Hep B/Hib 2 / /	Hep B/Hib 3 / /
Varicella 1 / /	Varicella 2 / /	Lyme Vax 1 / /	Lyme Vax 2 / /	Lyme Vax 3 / /
Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /	Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	
Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Hep A 1 / /	Hep A 2 / /	
Influenza 1 / /	Influenza 2 / /	Other: / /	Other: / /	

CHILD'S NAME _____

PHYSICAL EXAMINATION	Check (✓)		COMMENTS
	NORMAL	ABNORMAL	
General Appearance			
Head/Scalp			
Eyes			
Ears			
Nose/Throat			
Mouth/Teeth/Gums			
Heart			
Chest/Lungs			
Skin			
Abdomen/Hernia			
Genitalia			
Neurological			
Developmental			
Musculoskeletal			
Nutrition			

Health Concerns or Special Needs Identified: _____

FOR CHRONIC CONDITIONS:

Please attach care plan, protocols, and/or emergency care plan.

Children with life-threatening conditions need an emergency care plan in place.

Recommendations or Referrals: _____

Examiner's Signature: _____ Date: _____

Printed Name _____ Phone Number: _____

Address: _____

DELAWARE DEPARTMENT OF EDUCATION
Tuberculosis (TB) Risk Assessment Questionnaire for Students¹

Prior to use of this form, the school nurse must review the student's health record and assure that the student is compliant with the requirements for a current health examination (within past 2 years) and up-to-date immunizations. The questionnaire must be administered by the school nurse to the parent/guardian in person, or by phone, and signed by the person who answered the questions.

Name: _____
Last First MI

Date of Birth: ____/____/____ Date Form Completed ____/____/____

1. Has your child had close contact² with anyone with an active infectious TB disease?
2. Was any household member, including your child, born in or has he/she traveled to area(s) where TB is common? (Refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health.)
3. Does your child have regular (i.e., daily) contact with adults at high risk for TB (i.e., those who are HIV infected, homeless³, incarcerated⁴, and/or illicit drug users)?
4. Does your child have a history of HIV infection, living in a shelter, incarceration, or illicit drug use?
5. Does your child have any health conditions or take medications that might affect his/her immune system?
6. Has your child ever had a positive test for tuberculosis?

Any "yes" response to questions 1 - 5 is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test or a TB blood test, such as The QuantiFERON Gold TB Test, to the child.

A "yes" response to question 1 - 6 indicates probable previous exposure to TB, and requires medical follow-up to evaluate medical status.

This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child,

- Does not require a Tuberculosis Test Does require documentation related to current disease status
 Does require a Tuberculosis Test

TB testing and documentation must be completed and given to the school nurse by ____/____/____ (date) or your child will be excluded from school.

School Nurse Comments: _____

School Nurse (signature) _____

Parent/Guardian (signature) _____

I give permission for the school nurse and my child's primary care physician _____
(name of physician) to share information relating to this form.

Name _____ Date _____
Parent/Guardian (signature)

¹TB assessment is required by Regulation 805, <http://regulations.delaware.gov/AdminCode/title14/800/805>. The questionnaire was developed by Delaware Department of Education and the Division of Public Health. Revised 7/1/13, 5/2015.

²CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.

³The term "homeless" means a situation where the person lived in a shelter or with others.

⁴Incarceration should be longer than one week.



McIlvaine Early Childhood Center Chinese & Spanish Immersion Program Lottery Application 2020 - 2021

McIlvaine Early Childhood Center in the Caesar Rodney School District is pleased to offer the Chinese and Spanish Immersion programs during the 2020 – 2021 academic year.

- The Chinese Immersion program is limited to 100 students, which will be selected from all six elementary schools in the Caesar Rodney School District (Simpson, Stokes, Brown, Frear, Star Hill, and Welch).
- The Spanish Immersion program is limited to 100 students, which will be selected from all six elementary schools in the Caesar Rodney School District (Simpson, Stokes, Brown, Frear, Star Hill, and Welch).

Students in the immersion program will split their day between two classrooms with two different teachers. The Chinese and Spanish teachers will **only** speak the target language (Chinese or Spanish) to the children, and will instruct math, science, and social studies. The students will learn to read, write, and speak the target language (Chinese or Spanish). The English teacher will teach reading, writing, and bridge lessons to support math, science, and social studies concepts.

Due to limited space in the immersion program, parents are encouraged to complete the lottery application below for their child to be considered for this academic opportunity. Children selected for either the Chinese or Spanish immersion programs will be contacted by the McIlvaine ECC school administrators during the summer of 2020.

If my child is in the immersion program, where will he / she go to school beyond McIlvaine ECC?	Elementary School (grades 1 – 5)		Middle School (grades 6 - 8)		High School
	Chinese	Spanish	Chinese	Spanish	
Simpson, Stokes, or Brown elementary schools	W.B. Simpson Elementary School	W. Reily Brown Elementary School	Fifer Middle School		Caesar Rodney High School
Frear, Star Hill, or Welch elementary schools	Allen Frear Elementary School	Star Hill Elementary School	Postlethwait Middle School		

Child's Name _____

Child's Home School (grades 1-5) _____

Parent / Guardian's Name _____

Parent / Guardian's Contact Information (cell) _____

(home) _____

(work) _____



___ Yes, I am interested in my child being considered for placement in the Immersion program at McIlvaine ECC. My child will also continue in the Immersion program for grades 1-5.

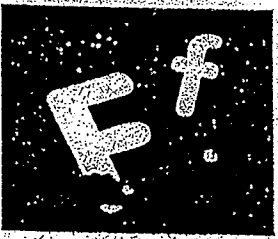
___ My child's sibling is currently in a CR immersion program (sibling's name / grade / school _____)

___ I am interested in **EITHER** the Chinese or Spanish immersion programs. I want my child to have a dual language experience.

___ I am **ONLY** interested in the Chinese Immersion Program.

___ I am **ONLY** interested in the Spanish Immersion Program.

___ No, I am not interested in the Immersion program at this time.



What is the FISH Philosophy?

FISH is a classroom management philosophy involving the students, parents, and teachers to establish and maintain a supportive learning community in the classroom. FISH helps us to make our classrooms more caring, increases taking responsibility for our actions and attitudes, and motivates us to take ownership of our academic achievement.

We would like to invite you to explore this new philosophy with us!

FISH helps students and teachers build effective relationships and build an emotionally and physically safe atmosphere of engagement and fun. The FISH philosophy started with a group of fishmongers in Seattle who, despite their less-than-desirable work, brought amazing energy, focus and accountability to their jobs. As we begin to explore FISH, your child might start talking about the four FISH principles at home, so ask them what these mean. To help you in your conversation, here's a little glossary:

Be There - When we interact with others, we need to really focus on that moment with that person. We take responsibility for "being who we are while we're doing what we're doing."

Choose Your Attitude - We cannot control what happens to us, but we do have a choice about how we respond. By accepting responsibility for the attitude we choose, we also empower ourselves to change it.

Make Their Day - Too often we ask, "What have you done for me lately?" instead of "How can I make your day?" If we turn the focus around and do little things to make others feel good, we can have a powerful, positive impact on the people in our lives.

Play - This does not mean goof off, but it does mean bring a light-hearted spirit to life.

Think about how much little kids learn by exploring, experimenting, and playing. Why shouldn't we all approach life with the same curiosity and interest? Besides, it's fun to have fun! If you want to learn more about FISH, talk to your child, ask us, or go to www.fishforschools.com. Change is challenging, and great things take time, but if we all work together, there is no limit to what we can achieve. Thanks for being part of our educational team. Your child will be a more successful person because of you!

We are looking forward to be a fabulous year!

Volunteer Information Sheet for Parents and Guardians

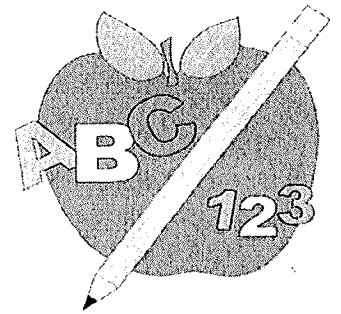
- ✓ A volunteer is an adult who is left alone to supervise students. Volunteers may include tutors or chaperones on a school trip.
- ✓ A visitor is an adult who comes into a classroom or goes on a field trip, but is always in the presence of a teacher or administrator.
- ✓ Volunteers are required by State of Delaware code to have a criminal background check.
- ✓ Volunteers who are already on the CR Volunteer List do not need to get a new criminal background check or complete a new packet.
- ✓ New volunteers should obtain a volunteer packet from their child's school. The school will submit the completed packet to the Office of Human Resources. Once all clearances and paperwork is received, the volunteer will be added to the CR Volunteer List.
- ✓ To continue as a volunteer beyond 5 years, a new TB survey must be completed. If there is a lapse in enrollment after 5 years, a new packet and new criminal background check are also required.
- ✓ Volunteers currently employed by other State of Delaware agencies may request that their agency send to CR Human Resources a "true copy" of their criminal background check that is signed and dated by their agency official.
- ✓ The school principal will determine if you need a volunteer packet for if you are considered a visitor to the school.

Thank you for helping our students by serving as a visitor or volunteer!



**Welch Elementary School
KINDERGARTEN SUPPLY LIST
2020-2021 School Year**

- 1 pkg. of # 2 pencils
- 2 spiral notebooks (1 blue & 1 yellow)
- 3 boxes of 24 count **Crayola** crayons
- 10 or more glue sticks
- 1 pkg. of 4 count **Black** dry erase markers (**thick, chisel tip**)



Optional Items:

- 1 full size zipper pack (needs to fit a 10" x 13 " folder) no wheels please
- 1 box of tissues
- 1 hand sanitizer pump (8oz size)
- 1 pkg. of cheap white paper plates (non-greased)
- Additional glue sticks
- Additional **Black** dry erase markers (**thick, chisel tip**)
- 1 container Clorox/Lysol disinfectant wipes

Please do not put your child's name on the items because in Kindergarten we share EVERYTHING!