

INFORMATION OFTEN NEEDED

SCHOOL NAME:

ADDRESS:

TELEPHONE:

KINDERGARTEN TEACHER'S NAME:

KINDERGARTEN SCHEDULE:

My child's day begins at _____ a.m.
and ends at _____ p.m. Monday
through Friday.

BUS INFORMATION: _____

BUS DRIVER'S NAME: _____

BUS NUMBER: _____

PICK-UP LOCATION: _____

**For more information on
Mercer County Schools
Kindergarten Program please
contact:**

Mercer County Schools

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Elementary Supervisor/
Pre-K Coordinator
304-487-1551 ext. 266
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Mr. Rick Ball
Assistant Superintendent for
Elementary
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rmball@access.k12.wv.us



<http://boe.merc.k12.wv.us/>



<http://wvde.state.wv.us/>

**MERCER COUNTY
SCHOOLS
KINDERGARTEN
PROGRAM**

**A Guide for Parents of Children
Entering Kindergarten**



**A GREAT BEGINNING
FOR A LIFETIME OF
LEARNING**

Beginnings...

That first day of school is a big one for all of us. The entire school staff realizes how important it is to you that your child adjusts to his or her new environment as quickly as possible. We know that first-year experiences are very important. Realizing that every child has unique needs, we will do everything we can to make the first day of school the first of many productive and rewarding school days to come.

We look forward to involving you in your child's educational process and to developing a strong home-school relationship.

REGISTRATION REQUIREMENTS

The following items/information must be provided at the time of registration: State Certified Birth Certificate, Immunization Record, Child's Social Security Number (optional), Health Check (encouraged).



HEALTH REQUIREMENTS

According to state law all children entering school for the first time shall have been immunized as follows: 4 doses DTAP (1 dose after age 4), 3 doses OPV (one dose after age 4), 2 doses MMR, 3 doses Hep B, 2 doses Varicella.

Also, by law, prior to children entering public schools for the first time they shall be given screening tests to determine vision or hearing impairments or speech/language disabilities. These screenings may also be done by your child's physician during the Health Check.

IN CASE OF ILLNESS/ACCIDENT

Know the symptoms of such communicable diseases as colds, flu, measles, mumps, chicken pox, strep infection, and lice. If your child shows symptoms of any communicable disease you should keep him/her home and consult a physician or the health center for proper treatment. Also, familiarize yourself with the school guidelines that govern a child's return to school following illness.

If your child becomes ill or has an accident, school authorities will use the information from your child's Emergency Card that is kept on file. No treatment of injuries, except simple first aid, will be given by school personnel.

PRESCRIPTION MEDICATION

If your child requires medication prescribed by a physician, it may be administered by school personnel providing an Administration of Medication form is completed and on file.



WEATHER

In the event that school must be dismissed early due to severe weather, an announcement will be made through area media/phone system. Please make sure that you have an emergency care plan in place should it be needed.