

**GLOUCESTER CITY PUBLIC SCHOOLS**  
**COLD SPRINGS EARLY CHILDHOOD CENTER**  
1194 MARKET STREET  
GLOUCESTER CITY, NJ 08030  
TELEPHONE: 856-456-7000 EXT. 3260 FAX: 856-475-0121  
<http://www.gcsd.k12.nj.us/>

*Norell Gurcsik*  
*Director*

**Welcome to Cold Springs Early Childhood Center!**

Cold Springs Early Childhood Center strives to be a safe, nurturing, family-friendly neighborhood school with rigorous, effective academic programs and a positive school climate where all children can grow and develop. It is with this mission in mind that we welcome you to our school community. We look forward to working collaboratively with you and your family!

We encourage new families to visit our school [homepage](#) to begin to familiarize themselves with our school and the different programs and activities available. At ECC, we have a community of teachers, related services, support staff, and personnel that work to provide your child with a safe place to learn. We have an extremely active and supportive Parent Teachers Association that works to support school programs and new initiatives. Working together, we are able to not only provide exemplary instruction but also create meaningful and relevant experiences that help students love learning and set a strong foundation for the years to come.

Families should complete the [Registration Packet](#) available online. This will help to provide all required documents for review. Once the paperwork is completed families schedule an appointment with our school secretary, Mrs. Alice Jackson at (856) 456-7000 x 3260 or [ajackson@gcsd.k12.nj.us](mailto:ajackson@gcsd.k12.nj.us) to complete the process.

Please be aware that immunization records and physicals are reviewed by our School Nurse, Mrs. Carol Rucci. Students who have not been enrolled in public school or are transferring from out of state or international locations are responsible for ensuring proper immunizations and updated physicals before the start of school: <http://www.nj.gov/health/cd/documents/k12-parents.pdf>

We look forward to meeting you and your child. Welcome to the Gloucester City Public School District!

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### *Preliminary Information for Student Registration*

#### **Please Read Before Proceeding**

The information provided in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A.

18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of home or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

#### **Note that the following do not affect a student's eligibility to enroll in school:**

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in the United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A:36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.

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- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letter from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placement or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residence
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian person keeping an "affidavit student," adult student, person(s) who whom a family is living or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.



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You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly, or indirectly, require or request:

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by contacting the Office of the Superintendent.

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### **ELEMENTARY NEW STUDENT REGISTRATION CHECKLIST**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In order that the requirements of various State and Federal laws be met, the following information is mandatory for the registration of a student in Cold Springs Early Childhood Center:

**A. PROOF OF RESIDENCY – four current proofs are required, inclusive of, but not limited to**

- Tax bill
- Mortgage or settlement papers
- Lease agreement (naming parent/child)
- Utility Bill (gas/electric/sewer/water/telephone)
- Employment document

**B. DOCUMENTATION OF RELATIONSHIP TO STUDENT (as appropriate)**

- Birth Certificate
- Court documentation demonstrating custody
- Foster Parent (State Agency Documentation)

**C. DOCUMENTATION OF GRADE PLACEMENT**

- a. Most recent report card
- b. Copy of unofficial transcript
- c. Copy of standardized test score reports
- d. Copy of transfer card, if applicable

**D. MEDICAL REQUIREMENTS**

- a. Physical Examination Form completed and signed by child's healthcare provider
- b. Current copy of immunizations
- c. Confidential developmental history form (Grades PK3-4)
- d. Educational Data Form

**E. OTHER DOCUMENTATION, IF RELEVANT**

- a. Current IEP
- b. Current 504 Plan
- c. Free and reduced lunch application

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### Student Registration Form – RESIDENCY STATUS

Student's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

*In accordance with New Jersey State Law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district in addition to addressing the McKinney-Vento Act.*

#### Your answers will help determine if the student is eligible for additional services

Please indicate which of the following situations best describes the student's residence for the current school year: This information is kept confidential

1. \_\_\_\_\_ I am in my own residence: Please Circle one: Rent or Own (A)
2. \_\_\_\_\_ Lives with Family/ Friend's home by choice (relationship) \_\_\_\_\_  
(explain circumstances under "other") (B) (C)
3. \_\_\_\_\_ Hotel/ Motel/ Car/ RV/ Campground (circle one)
4. \_\_\_\_\_ Home for Adolescent School-Age Mothers
5. \_\_\_\_\_ Transitional Housing
6. \_\_\_\_\_ Resides in sub-standard housing, such as an abandoned building
7. \_\_\_\_\_ Migrant family dwelling
8. \_\_\_\_\_ Shelter: Domestic Violence Shelter / Runaway/Youth Shelter (circle one)
9. \_\_\_\_\_ Waiting for house to be built
10. \_\_\_\_\_ Previous home is uninhabitable due to fire, water, wind or smoke damage
11. \_\_\_\_\_ Student is a dependent of a Parent/Guardian who was ordered to active service duty, resulting in relocation of the student to Gloucester City. (Military/Reserves/Guard)
12. \_\_\_\_\_ Foster Placement or Therapeutic Treatment Home by DCP, Court ordered or a similar agency (documentation/court orders must be provided at registration)
13. \_\_\_\_\_ Relinquishment of student to Gloucester City resident due to Financial Hardship

14. \_\_\_\_\_ Other: Please explain

\_\_\_\_\_  
\_\_\_\_\_  
Prior School Attended \_\_\_\_\_

Prior Residence \_\_\_\_\_

Current Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ELIGIBILITY TO ATTEND SCHOOL IS SUBJECT TO REVIEW AND RE-EVALUATION. THERE IS POTENTIAL FOR ASSESSMENT OF TUITION IN THE EVENT THAT AN INITIALLY ADMITTED APPLICANT IS LATER FOUND INELIGIBLE.**

**Gloucester City School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in transfer of student to domicile school and/or other penalties as required by law. Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A.18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months. Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.**

**I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**



Cold Springs School  
Early Childhood Center  
1194 Market Street  
Gloucester City, NJ 08030  
856-456-7000 x 3260  
856-475-0121 fax

Authorization for Release of Information

To: \_\_\_\_\_ Student's Name \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
Parents' Names \_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

I hereby authorize the release of records including medical, psychological, educational and/or social information from the reports and records of the above child to the professional personnel of the Gloucester City Public School District. Such information is to be used for the completion of records to aid in the proper school placement and planning for the child.

I would like to have the information sent to:

Norell Gurcsik, Director  
Cold Springs School  
Early Childhood Center  
1194 Market Street  
Gloucester City, NJ 08030

Sincerely,

\_\_\_\_\_  
Signature of Parent/Guardian

# GLOUCESTER CITY PUBLIC SCHOOLS

## REGISTRATION FORM

**Office use only:**

Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_ Registrar's Initials: \_\_\_\_\_

Documents: BC \_\_\_\_\_ Immunizations \_\_\_\_\_ Physical \_\_\_\_\_ Records/Report Card \_\_\_\_\_

Residency Verification \_\_\_\_\_ ESL/ELL \_\_\_\_\_ Special Education/504 \_\_\_\_\_ Bus Route \_\_\_\_\_

### STUDENT INFORMATION:

Name of Student: \_\_\_\_\_  
(Last Name) (First) (Middle Initial)

Student's Physical Address: \_\_\_\_\_  
(House/Apt.No) (Street Name) (Town) (State) (Zip Code)

Student's Mailing Address: \_\_\_\_\_  
(If different from above) (House/Apt. No/P.O. Box) (Street Name) (Town) (State) (Zip Code)

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F) Date of Birth: \_\_\_\_\_

Siblings: \_\_\_\_\_  
Name/ Age/ Grade

### HOME LANGUAGE:

Foreign Students Only – Date of Student's Entry into the United States: \_\_\_\_\_ Date of Student's Entry into United States' School System \_\_\_\_\_

RACE: ( \_\_\_\_\_ White), ( \_\_\_\_\_ Black), ( \_\_\_\_\_ Hispanic), ( \_\_\_\_\_ Asian), ( \_\_\_\_\_ American Indian/Alaskan), ( \_\_\_\_\_ Hawaiian Native/Other Pacific Islander)

**Language Spoken at Home (Specify if other than English)**

**English is spoken & understood by the consenting adult enrolling the student. Yes: \_\_\_\_\_ No: \_\_\_\_\_**

### EMERGENCY & FAMILY CONTACT:

Father/Guardian  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
Work #: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Mother/Guardian  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
Work #: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Name of Person enrolling Student: \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
Work #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Has your child ever attended Gloucester City Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate which school: \_\_\_\_\_  
In the event by child transfers to or from the district, I authorize my previous district or the Gloucester City School District to release permitted records to the administrative officials of the school within 10 days after the transfer has been verified by the present district. I acknowledge that mandated student records will be forwarded to the administrative officials of the school in a similar manner.

X \_\_\_\_\_  
Signature of Consenting Adult

### MEDIA RELEASE

I hereby ( ) grant ( ) I do not grant permission for my child to be photographed and/or appear in media coverage approved by the Gloucester City Public Schools.

X \_\_\_\_\_  
Signature of Parent

**NOTE:** As required by law, all students entering the district schools for the first time MUST HAVE A LICENSED PHYSICIAN ATTEST TO THE STUDENT'S PHYSICAL CONDITION AND COMPLETE THE IMMUNIZATION INFORMATION ON THE MEDICAL FORM.

Students will not be permitted to attend school without up-to-date immunization records, physical and Mantoux Tuberculin Test, if applicable (out of state/country)

**GLOUCESTER CITY BOARD OF EDUCATION**

Gloucester City, New Jersey

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PHYSICAL EXAMINATION FORM

A complete physical examination is required for all students upon enrollment in school.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

HEENT: \_\_\_\_\_ Cardiovascular: \_\_\_\_\_

Respiratory: \_\_\_\_\_ Gastrointestinal: \_\_\_\_\_

Genitourinary: \_\_\_\_\_ Musculoskeletal: \_\_\_\_\_

Neurological: \_\_\_\_\_ Integumentary: \_\_\_\_\_

Auditory Acuity: \_\_\_\_\_ Visual Acuity: \_\_\_\_\_

Dental Screening: \_\_\_\_\_ Scoliosis Screening: \_\_\_\_\_

Allergies / Sensitivities: \_\_\_\_\_

Behavioral Issues / Mental Health Diagnosis: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Concerns: \_\_\_\_\_

Immunizations given at this visit: \_\_\_\_\_

Past Medical / Surgical History: \_\_\_\_\_

Other: \_\_\_\_\_

Able to participate in physical education classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any restrictions and duration: \_\_\_\_\_

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Name of Health Care Provider (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PRESCHOOL HEALTH REQUIREMENTS

Each child must meet the following health requirements before being eligible for the Gloucester City School District's Preschool program

1. Must present proof of the following immunizations, in accordance with the New Jersey State Department of Health
  - 4 Diphtheria, Tetanus toxoid and Pertussis (DTP/DTaP)
  - 3 Polio
  - 1 Measles, Mumps, Rubella (MMR)
  - 3 Hepatitis B
  - 1 Varicella given after the 1<sup>st</sup> birthday
  - 1 Haemophilis (HIB) given after the 1<sup>st</sup> birthday
  - 1 Pneumococcal Conjugate given after the 1<sup>st</sup> birthday
  - Influenza Vaccine: all children 6 months through 59 months enrolled in school shall receive at least one dose of the influenza vaccine between September 1 and December 31 of each year
2. Students are required to have the Gloucester City School District's *Physical Exam* completed by your child's healthcare provider. This exam must be done no more than 365 days prior to entry. The physical form must be signed by your child's healthcare provider
3. **Out-of-Country** students may be required to supply the results of a Mantoux Test (PPD) for tuberculosis.
4. Out of state students transferring in may be allowed a 30-day grace period to obtain entry examination documentation.

If your child is transferring from another district in New Jersey, the entry physical exam must be forwarded to the receiving school.

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COLD SPRINGS EARLY CHILDHOOD CENTER

**DEVELOPMENTAL HISTORY**

(Parent/guardian completes)

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F

**Health history**

1. Medical/health history of your child (such as premature birth, serious illness, ear tubes, etc)

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2. Medication is/was given for \_\_\_\_\_

3. What did the child weigh at birth? \_\_\_\_\_ lbs \_\_\_\_\_ ozs

**Additional Information**

1. Has your child had more than six (6) colds or throat infections each year? \_\_\_\_ Y \_\_\_\_ N  
2. Had more than three (3) ear infections? \_\_\_\_ Y \_\_\_\_ N  
3. Had trouble hearing? \_\_\_\_ Y \_\_\_\_ N  
4. Had his/her hearing tested? \_\_\_\_ Y \_\_\_\_ N  
If yes, by who \_\_\_\_\_  
5. Had any trouble seeing? \_\_\_\_ Y \_\_\_\_ N  
6. Had his/her eyes tested? \_\_\_\_ Y \_\_\_\_ N  
7. Had any trouble with his/her teeth? \_\_\_\_ Y \_\_\_\_ N  
8. Seen a dentist recently? \_\_\_\_ Y \_\_\_\_ N  
9. If marked yes, to any of the above, please explain

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**Developmental Milestones** (place age or check mark)

- |                                |              |                   |             |
|--------------------------------|--------------|-------------------|-------------|
| 1. Sat alone                   | _____ months | 6. Dressed self   | _____ years |
| 2. Crawled                     | _____ months | 7. Fed self       | _____ years |
| 3. Walked alone                | _____ months | 8. Ties shoes     | _____ years |
| 4. Spoke 1 <sup>st</sup> words | _____ months | 9. Toilet trained | _____ years |
| 5. Spoke sentences             | _____ years  |                   |             |
10. Does your child play with other children other than siblings? \_\_\_\_ Y \_\_\_\_ N  
11. Is your child independent? \_\_\_\_\_ Shy? \_\_\_\_\_  
12. Which hand does your child use for most tasks? \_\_\_\_ Right \_\_\_\_ Left \_\_\_\_ Both  
13. Are you concerned about any of the following? (Check)

- |               |       |                       |       |
|---------------|-------|-----------------------|-------|
| Nail biting   | _____ | Speech/Language       | _____ |
| Jealous       | _____ | Holds his/her breath  | _____ |
| Stuttering    | _____ | Challenging behaviors | _____ |
| Thumb sucking | _____ | Sleep problems        | _____ |
| Separation    | _____ | Following directions  | _____ |

**EDUCATION DATA**

PREVIOUS SCHOOL ATTENDED

\_\_\_\_\_  
ADDRESS \_\_\_\_\_ LAST GRADE COMPLETED

\_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
HAS THE STUDENT EVER ATTENDED GLOUCESTER CITY SCHOOLS? \_\_\_\_\_ DATE \_\_\_\_\_  
IS THE STUDENT RECEIVING ANY ADDITIONAL EDUCATIONAL SERVICES OUTSIDE OF THE SCHOOL  
SETTING? \_\_\_\_\_ Y \_\_\_\_\_ N

**LEARNING**

**Please check all boxes that describe your child:**

- Says numbers from 1 to 10
- Recognizes/names some letters of the alphabet
- Is easily understood
- Follows directions
- Counts three or more objects
- Copies circles or other shapes
- Prints first name or part of it
- Understands "one" or gives you just one when asked
- Walks or runs with ease
- Plays well with other children
- Separates from parent without getting upset
- Pays attention
- Accepts limits and rules
- Is able to sit still

*Please add any additional comments or suggestions below.*

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***Thank you for being an important part of your child's education.***

***Your presence makes an impact and paves the road to***

***future success and positive partnerships.***

*(updated 3/7/17)*