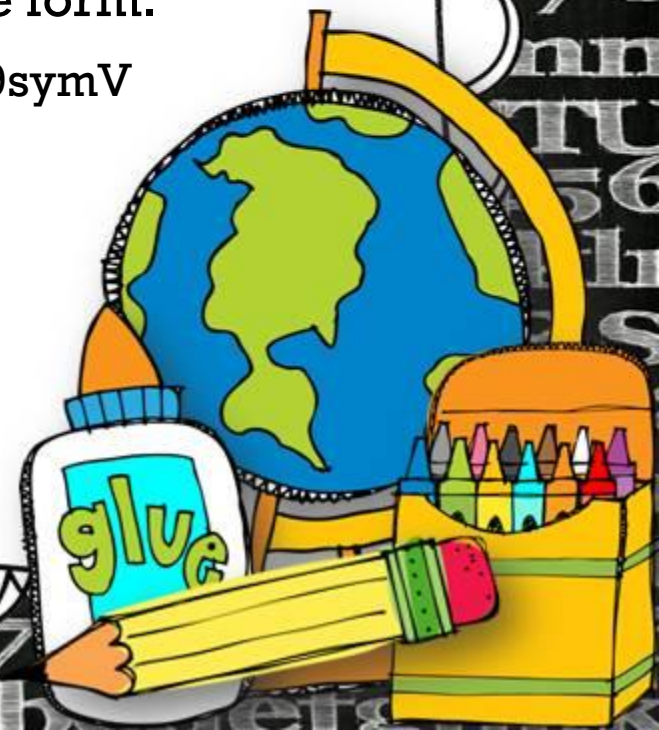


# Welcome to Kindergarten Roundup! Class of 2037

Please complete the attendance form.

<https://forms.office.com/r/v5zEt9symV>



**Kindergarten  
Registration  
Annie Blankenship-  
Principal**





Visit [muschools.com](https://muschools.com) - "Registration Portal" to access student registration. You will need to create an account if this is your first time registering a student.

**Milton-Union Exempted Village School District**  
Home of the Bulldogs

Athletics Calendar PaySchools Central Menu PowerSchool

MENU SCHOOLS TRANSLATE

**Welcome to the Milton-Union Exempted Village Schools**  
Follow the link for information on the March 2024 Earned Income Tax Levy.

EARNED INCOME TAX INFORMATION 24-25 SCHOOL CALENDAR ATHLETICS CALENDAR BOE MEETING AGENDAS FOOD SERVICES FREE LUNCH APPLICATION

PURCHASE ATHLETIC EVENT TICKETS 23-24 SCHOOL CALENDAR 23-24 REGISTRATION PORTAL 24-25 KINDERGARTEN REGISTRATION





## Sign In

Email Address

Password

☐ Remember me on this computer

[Sign In](#)

[Forgot password?](#)

## Create Account

With an account, you can...

- Complete forms online
- Save and return to forms in progress
- Print form history

[Create Account](#)







# Required Paperwork

The following documents are required for enrollment. They can be submitted during online registration, emailed to [reidk@muschools.com](mailto:reidk@muschools.com), or brought in during your screening appointment (you will receive a link to schedule your screening appt. after registration is submitted).

- County-issued birth certificate
- Proof of residency (see next slide)
- Parent/legal guardian Photo ID
- Medical and Immunization Form – **complete by 8/9/24**

If applicable:

- All special ed/IEP/504 documents
- Complete, court-stamped custody papers



## Acceptable Proof of Residency

Below are suggested requirements to prove established residency within the School District. We reserve the right to validate the information received. Additional documents may be required.

- ★ 1. Mortgage Statement or Real Estate Tax Bill to your correct address
- ★ 2. Signed Rental or Lease Agreement
- ★ 3. Utility (water/electric/gas) bill to the address in your name
- 4. Valid Ohio drivers license with current address
- 5. Valid Ohio Motor Vehicle Registration form or Auto Title with current address
- 6. Voter registration form
- 7. 1040 Form or State of Ohio Tax Form showing address
- 8. Any stamped court document with raised seal to indicate address (custody, separation agreement, etc)
- 9. Benefits from Child and Family Services or other government organization showing address
- 10. Letter from your Case Worker confirming address
- 11. Employers paycheck to correct address
- 12. Letter from your employer confirming this address for tax purposes
- 13. Shared Residency Form + One proof of residency listed above from the homeowner

**Must  
be dated within the  
last 30-60 days.**

**We reserve the right to ask for additional proof of residency or preform a residency investigation if there is any question regarding your residency status.**

# Attendance

**Jamie Lightner,  
Attendance  
Secretary**





# **Attendance Information**

- 1. Any time a student is absent the MUES office must be notified, two ways to do this:**
  - 1. Call the Attendance Hotline 937-884-7933 (24hrs/day)**
  - 2. Call the Elementary Office 937-884-7920**
- 2. If your student is absent due to a doctor/dental appointment, ask for a return to school note**
- 3. Milton-Union School District follows all ODE HB410 Requirements**





# **Medical Requirements Nurse Chinn**





## Nurse Information

1. Kindergarten Medical Form turned in.
2. Proof of immunizations are required for all incoming kindergarteners.
3. Health Department 937-573-3500
4. Set your appointment early for the physical.
5. All K students will have a vision and hearing screening after school starts in the fall.
6. Medications, Allergies, or health conditions: Discuss with the School Nurse.
7. Change of clothes





MILTON-UNION EXEMPTED VILLAGE SCHOOLS  
West Milton, Ohio 45383  
Telephone: (937) 884-7920 FAX: (937) 884-7921

Dear Parents:

Section 3313.673 of the Revised Code of the State of Ohio requires that all pupils present to the school written evidence of having received a **physical examination BEFORE** entering kindergarten. Sections 3313.671 and 3701.13 require that all pupils must present written evidence of having received their **immunizations** against the following:

VACCINES	FALL 2024 IMMUNIZATIONS REQUIRED
DTaP/DT/Tdap/Td Diphtheria, Tetanus, & Pertussis	4 doses of DTaP, DTP, or DT, or any combination. If all 4 doses were given prior to the 4th birthday, a 5 <sup>th</sup> dose is required.
POLIO	3 doses of IPV, the final dose <b>must</b> be given on or after the 4 <sup>th</sup> birthday regardless of the number of previous doses. 4 doses required if combination IPV/OPV.
MMR Measles, Mumps, & Rubella	2 doses of MMR. Dose 1 must be given on or after the 1 <sup>st</sup> birthday. The second dose must be administered <u>at least 28 days after dose 1</u> .
HEP B Hepatitis B	3 doses of Hepatitis B. The second dose must be given at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered <u>before age 24 weeks</u> .
Varicella (Chickenpox)	2 doses of Varicella vaccine must be administered prior to entry. 2 <sup>nd</sup> dose MUST be at least 28 days after 1 <sup>st</sup> dose to be valid.

- If there is a medical reason why these immunizations cannot be done, it must be so reported in writing by the physician. Objection on religious grounds is a valid exemption only when the parent or guardian signs a written statement to this effect. Please obtain a form from the school.

**Proof of compliance with these requirements should be in the school office by Friday August 9<sup>th</sup>, 2024. The child WILL NOT be permitted to START school until these are received.**

Thank you,  
Chelsea Chinn, BSN, RN

**IMMUNIZATION AND PHYSICALS CLINIC**

Miami County Public Health  
510 W. Water Street, Suite 130  
Troy, OH 45373  
(937) 573-3500 or 573-3520

Medical Form.doc (2/2022)

**MILTON-UNION EXEMPTED VILLAGE SCHOOLS MEDICAL RECORD**  
(To be completed by parent/guardian and physician, then returned to school by August 9<sup>th</sup>, 2024)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_

**IMMUNIZATIONS: Please complete with month/day/year**

DTaP/DT/Tdap/Td					
POLIO					
HEPATITIS B					
MMR					
VARICELLA					
OTHER					

If had natural disease for Varicella (chickenpox), please list date: \_\_\_\_\_

**Physical Examination - Required by Law (to be completed by Physician/Nurse Practitioner)**

(Must be within 12 months of the first day of school.)

Does this student have any specific physical health problems?

Cardiac \_\_\_\_\_ Convulsive Disorder \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_  
Blood Dyscrasia \_\_\_\_\_ Orthopedic \_\_\_\_\_ Neurologic \_\_\_\_\_  
Diabetes \_\_\_\_\_ Hemophilic \_\_\_\_\_ Other (i.e., vision/hearing) \_\_\_\_\_  
Explain: \_\_\_\_\_

	Normal	Abnormal	Remarks		Normal	Abnormal	Remarks
Skin	_____	_____	_____	Teeth	_____	_____	_____
Ears	_____	_____	_____	Tonsils	_____	_____	_____
Eyes	_____	_____	_____	Adenoids	_____	_____	_____
Lungs	_____	_____	_____	Extremities	_____	_____	_____
Glands	_____	_____	_____	Hernia (boys)	_____	_____	_____
Heart	_____	_____	_____	Other	_____	_____	_____

Is there any physical defect or illness which should restrict the student's activities in any of the following?

Classroom Activities \_\_\_\_\_ Gymnasium \_\_\_\_\_  
Playground \_\_\_\_\_ Lunchroom \_\_\_\_\_

(Use the back of this sheet for explanations and/or additional comments.)

Provider's Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

Medical Form.doc (2/2022)

# Immunization and Physical Document

# Form K Hearing and Vision

Form: K

## Pediatric Reporting Form

Form to be Completed by Healthcare Provider

Name: _____	School Year: _____
I authorize my child's physician to release this completed form to _____, Please fax to _____, Attention: _____ I understand that the requestor will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and the Health Privacy Act (including HIPPA).	
Parent/Guardian Signature _____	Date _____

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Pure Tone Hearing Screening Results

	1000	2000	4000	Observation/Comments:
R	Pass _____ (20 dB)	Pass _____ (20 dB)	Pass _____ (20 dB)	
	Non Pass _____	Non Pass _____	Non Pass _____	
L	Pass _____ (20 dB)	Pass _____ (20 dB)	Pass _____ (20 dB)	
	Non Pass _____	Non Pass _____	Non Pass _____	

### EVALUATION RESULTS:

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Comments: \_\_\_\_\_

### Vision Screening Results

Acuity Test:	Uncorrected:	Corrected:	Indicate Type by placing a : "X"	Electronic Screener (circle one):	Observation/Comments:
R	Pass: _____	Pass: _____	____ Lea 5 ft. ____ Lea 10 ft. ____ Eye Check ____ Sloan Chart 10 ft	Suresight/Retinomax/JVAS	
	Non Pass _____	Non Pass _____			
L	Pass: _____	Pass: _____	____ Lea 5 ft. ____ Lea 10 ft. ____ Eye Check ____ Sloan Chart 10 ft	Suresight/Retinomax/JVAS	
	Non Pass _____	Non Pass _____			
Stereopsis	Pass _____	Fail _____	____ Smile (PASS 2) ____ Random Dot E		
Color Vision (Male Only)	Pass _____	Non Pass _____	____ Ishihara - 14 plate ____ Pseudoisochromatic color testing - 16 plate ____ Color Vision Testing Made Easy		

### EVALUATION RESULTS:

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of examining Healthcare Provider: _____	Date of exam: _____
Address: _____	
Phone: _____	

HEA #0143



# Kindergarten Readiness

Julia Millikin  
Behavior Health &  
Wellness Coordinator



WELCOME

TO

10  BERGARTEN



# Preparing Your Child for School

## Self-help Skills:

- ✓ **Manage clothes independently**
- ✓ **Use the restroom without assistance and feel comfortable using automatic toilets**
- ✓ **Tie shoes independently, wear Velcro or slip on shoes**
- ✓ **Open own lunch containers**
- ✓ **Blow or wipe own nose**



## **Life Skills:**

- ✓ Be kind
- ✓ Identify feelings
- ✓ Regulate emotions
- ✓ Show empathy
- ✓ Wait in line
- ✓ Follow directions
- ✓ Use manners
- ✓ Take turns
- ✓ Share
- ✓ Ask for help
- ✓ Accept no as an answer
- ✓ Active listening
- ✓ Respect personal space
- ✓ Appropriate tone of voice
- ✓ Separate from parent or caregiver
- ✓ Respond to name when called

## **Gross Motor:**

- ✓ Run
- ✓ Jump with feet together
- ✓ Hop on one foot
- ✓ Climb stairs
- ✓ Bounce a ball and try to catch it





MILTON UNION ELEMENTARY

## Handle with Care

If your family is experiencing difficulties at home, we would like to provide additional support at school. We understand that you are not always able to share details, and that is okay. If your child is coming to school after a difficult night, morning, or weekend, please Seesaw, or email your teacher, prior to the start of the day with the message, "Handle with Care" in the subject line and your child's name in the message. Nothing else will be said or asked unless you request to be contacted. This will let us know that your child may need extra time, patience, or help throughout the day.







# Communication Folder Check it Daily!

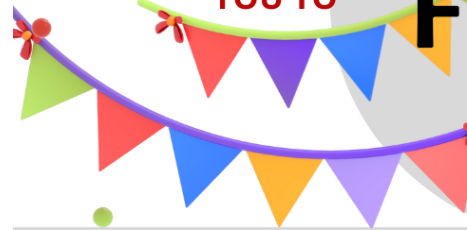


Look out  
kindergarten  
Here  
I come!



MILTON-UNION  
SCHOOLS INVITES  
YOU TO

# FAMILY FEST



APRIL 30TH  
5-7 PM

MILTON-UNION SCHOOLS  
OUTSIDE ATHLETIC ENTRANCE

OVER 30  
COMMUNITY  
ORGANIZATIONS  
INVITED!

PROVIDING INFORMATION,  
RESOURCES, TIPS, AND  
SUPPORTS FOR THE WELLBEING  
OF YOUR STUDENT, THEIR  
FAMILY, AND OUR COMMUNITY!

[CLICK ON THIS LINK](#) TO SEE OUR  
VENDORS



COME JOIN  
THE FUN!





# Kindergarten Readiness

Mary Bower  
Literacy Coach





Your high expectations are  
the most powerful  
influencers you can have  
on your child's school  
performance.



## **Academic Skills You Can Support:**

- ✓ **Names of letters, writing letters**
- ✓ **Writing and recognizing their name**
- ✓ **Print/book/story knowledge**
- ✓ **Retell a story**
- ✓ **Build vocabulary and language**
- ✓ **Rhyming, word games, listening games**
- ✓ **Hear first sound (and middle/ending sound)**
- ✓ **Numbers/counting objects to 10**
- ✓ **Basic shapes and colors**
- ✓ **Fine motor skills- Hold Pencil, Use Scissors, Glue**





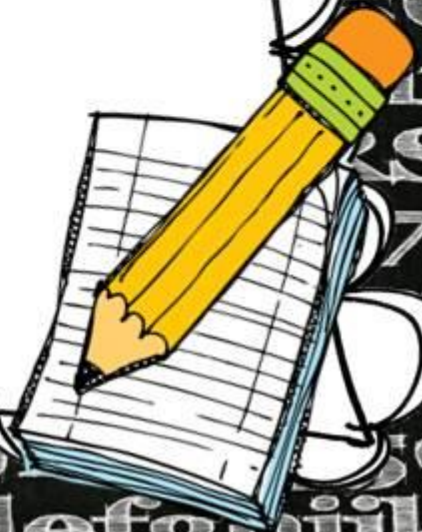
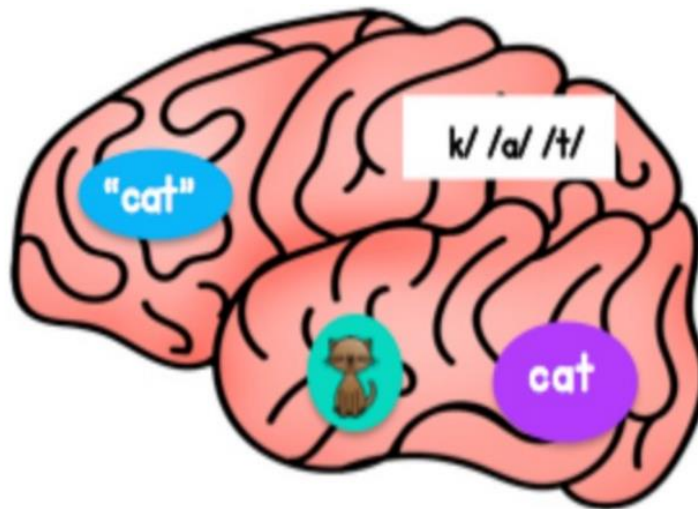
## Readiness Skills

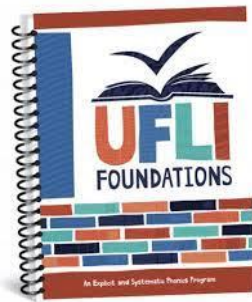
- ✓ Writing and recognizing child's own name





# Science of Reading





# University of Florida Literacy Institute





# **Kindergarten Screening**

**Annie Blankenship-  
Principal**







# **What will happen at Kindergarten Screening?**

Children will be asked to:

- Identify letters & numbers
- Write their name
- Count objects
- Count to 10
- Name colors and shapes
- Social interaction with peers & adults
- Cut paper on a line
- Sorting objects
- Identify words that rhyme
- Identify beginning sounds





# Screening Dates

Friday, May 24th  
Tuesday, May 28th  
Wednesday, May 29th

After your registration is complete, you will receive a link to schedule your screening through Microsoft Bookings. Be sure to mark the date on your calendars!







# Meet the Teachers



Charlotte Kramer



Rochelle Brazina



Heather Sanders



Maddie Barney



Lindsay Lane



Jessica Baisden











# Questions?



# COMMUNITY

**Follow us on Facebook!**

<https://www.facebook.com/MiltonUnionES/>

