

DOCUMENTATION NEEDED FOR ENROLLMENT

Completed enrollment packet

Certified copy of birth certificate

Immunization record

Three proofs of Roseville residency

Driver license/State ID,
Utility Bill DTE or/and Consumers or Utility Application,
Lease or Rental Agreement or Closing Documents,
Tax Bill, or Voter Registration

Or (Affidavit in lieu of above proofs)

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CHILD'S NAME _____

PLEASE NAME ANY SCHOOLS OR PRESCHOOL PROGRAMS YOUR CHILD HAS ATTENDED:

NAME OF SCHOOL

CHILD'S NAME _____

PLEASE NAME ANY SCHOOLS OR PRESCHOOL PROGRAMS YOUR CHILD HAS ATTENDED:

NAME OF SCHOOL



Today's Date _____

Start Date _____

School Year _____

New Enrollee

Re-Enrollee

Transfer within district

School of Choice

SPECIAL HELP

Has your child ever received special education services?

Yes

No

Does your child have a current IEP?

Yes

No

Has your child received Title I (Remedial) services?

Yes

No

Is your child currently on a 504 Plan?

Yes

No

(Initials of staff member obtaining this information _____)

STUDENT INFORMATION

Legal Last Name _____ First Name _____ Middle _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Grade _____ Birth Date _____

Male Female City of Birth _____ Previous School _____

City _____ State _____ Phone Number () _____

Ethnicity (choose one)

- Hispanic or Latino
- Not Hispanic or Latino

Race (choose one or more, regardless of ethnicity)

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

PARENT INFORMATION- ONLY PARENT/GUARDIAN MAY ENROLL STUDENT

Name of parents/guardians with whom student resides- include last name if different from student.

Name _____

Name _____

Relationship to student _____

Relationship to student _____

Court appointed guardian? Yes No

Court appointed guardian? Yes No

Cell Phone () _____

Cell Phone () _____

Work Phone () _____

Work Phone () _____

E-Mail _____

E-Mail _____

PARENTS LIVING ELSEWHERE (DIVORCED PARENTS)

SEND MAIL? Yes No

Name _____

Relationship to student _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

P
 S
 M
 C
 I
 R
 R
 R
 M
 S
 D
 S

MEDICAL CONDITIONS/ALLERGIES:

Does your child take medication for this condition? Yes No

If yes, name of medication _____

If your child will need to take medication at school, please ask for a district Medication Form, which must be completed by your child's doctor.

LIST OTHER CHILDREN IN FAMILY:

Last Name	First Name	Sex	Birthdate	Grade	School he/she will attend
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LANGUAGE SPOKEN IN THE HOME

Is your child's native tongue English? Yes No

Is the primary language used in your child's home or environment English? Yes No

If no, what is that language? _____

MCKINNEY-VENTO ACT

Is your family living in any of the following situations? Please circle Y (yes) or N (no)

In a motel, camp, or shelter due to the lack of alternative adequate accommodations? Y N

In a car, park, abandoned building or bus or train station? Y N

Doubled up with other people due to loss of housing or economic hardship? Y N

If you answer yes to any of the above questions, your child may be eligible for special services. Our homeless liaison will contact you.

VERIFICATION OF INFORMATION-the undersigned acknowledges that the information provided on this form is true and accurate.

Parent/Legal Guardian Signature

Date

FOR SCHOOL USE ONLY

TEACHER _____ STREET CODE _____ CENSUS CODE _____ BUS ROUTE _____

VERIFICATION:

- BIRTH CERTIFICATE RESIDENCY IMMUNIZATIONS RECORDS REQUESTED
- HEARING/VISION SCREENING (KDG.) VARICELLA CUSTODY PAPERS (IF APPLICABLE)

EXIT INFORMATION:

Exit Date _____

Next Building _____

**MICHIGAN SCHOOL READINESS PROGRAM EVALUATION
CHILD AND FAMILY BACKGROUND QUESTIONNAIRE**

DEAR PARENT/GUARDIAN:

The Michigan Department of Education is doing a study of children's experiences during the year before they begin kindergarten. Please complete this short questionnaire as part of this study. All of the information is completely confidential. The researchers will use ID numbers. Your name and that of your child will not appear in the study. Please return the completed form to the school. Thank you.

ID number (completed by researcher): _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

1. Name of kindergarten child: _____
2. Child's date of birth: Month _____ Day _____ Year _____
3. Name of school where child attends kindergarten: _____
4. Your name (person completing this form): _____
5. Your relationship to kindergarten child: _____
6. Today's date: Month _____ Day _____ Year _____

7. Was the child enrolled in any early childhood program(s) or child care setting(s) during all or most of the previous 12 months?

 YES _____ (Go to Question #8) NO _____ (Go to Question #21)

IF THE CHILD WAS ENROLLED IN A PART-DAY PROGRAM, CHECK ALL THAT APPLY:

8. _____ Head Start
9. _____ Michigan School Readiness Program (also called _____)
10. _____ Preprimary Impaired Program (PPI) or Project Find
11. _____ Tuition-paid Preschool
12. _____ Other private or public program: _____

IF THE CHILD WAS ENROLLED IN CHILD CARE *IN ADDITION TO A PART-DAY PROGRAM*, CHECK ALL THAT APPLY:

13. _____ In child care center
14. _____ In family day care center
15. _____ In home of friend, neighbor, or relative
16. _____ In child's own home with caregiver or babysitter (someone other than parent)

IF THE CHILD WAS ENROLLED IN FULL-DAY CARE, CHECK ALL THAT APPLY:

17. _____ In child care center
18. _____ In family day care center
19. _____ In home of friend, neighbor, or relative
20. _____ In child's own home with caregiver or babysitter (someone other than parent)

More -- Please turn over and complete the information on the other side of the page.

21. Does the child have a *mother, stepmother, or female guardian* living in the home?

YES _____ (Go to Question #22)

NO _____ (Go to Question #23)

22. What is the highest grade in school she completed? (*check one*)

- | | | |
|-----------|----------------------------------|---|
| _____ 1st | _____ 7th | _____ 13th (1 year college) |
| _____ 2nd | _____ 8th | _____ 14th (2 years college: Associates Degree) |
| _____ 3rd | _____ 9th | _____ 15th (3 years college) |
| _____ 4th | _____ 10th | _____ 16th (4 years college: Bachelor's Degree) |
| _____ 5th | _____ 11th | _____ Graduate school credits |
| _____ 6th | _____ 12th (High school diploma) | _____ Graduate or professional degree |

23. Does the child have a *father, stepfather, or male guardian* living in the home?

YES _____ (Go to Question #24)

NO _____ (Go to Question #25)

24. What is the highest grade in school he completed? (*check one*)

- | | | |
|-----------|----------------------------------|---|
| _____ 1st | _____ 7th | _____ 13th (1 year college) |
| _____ 2nd | _____ 8th | _____ 14th (2 years college: Associates Degree) |
| _____ 3rd | _____ 9th | _____ 15th (3 years college) |
| _____ 4th | _____ 10th | _____ 16th (4 years college: Bachelor's Degree) |
| _____ 5th | _____ 11th | _____ (Graduate school credits) |
| _____ 6th | _____ 12th (High school diploma) | _____ (Graduate or professional degree) |

25. Counting all adults and children, how many people live in your household?

_____ people living in household

26. What is your household income? (*Indicate the household weekly OR monthly OR yearly income, whichever is the easiest way for you to report it. Fill in only one number.*)

\$ _____ per week OR \$ _____ per month OR \$ _____ per year

The above information will be treated confidentially.

THANK YOU FOR YOUR HELP

**PLEASE RETURN THE COMPLETED FORM TO
THE SCHOOL OFFICE**

Michigan's Kindergarten Entry Requirements



Macomb
Community
Action



Health
Department





Macomb Intermediate School District

44001 Garfield Road
Clinton Township, MI 48038-1100
www.misd.net

Board of Education

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MISSION

Macomb Intermediate School District:
Service, Support and Leadership

VISION

We are the Macomb Intermediate School District.

We provide quality service to special education and general education students, instructional and technical support to school staff, and cutting-edge educational leadership in Macomb County.

We are committed to all the students of Macomb County. To serve them well, we are resolute in involving parents, school personnel, and the community at large, including business, government, and civic organizations as active partners in planning, delivering and evaluating our services.

We work directly with individuals with disabilities who reside in Macomb County School Districts. We serve students of all ages, from newborns to adults, meeting their unique learning needs and supporting their families all along the way.

Within the twenty-one local districts and public charter schools, we focus our efforts on building capacity with school staff. Through quality training and instructional support, we increase their knowledge, skills and abilities so all students receive a rigorous and effective educational experience.

We promote all aspects of the educational process through our development and support of technology. We provide training in the use of essential technology tools that enhance curricular, instructional and administrative services in our schools and, as a result, opportunities are expanded for all.

We work collaboratively with colleges and universities and are leaders in state and national programs. We anticipate needs and opportunities, all with the single purpose of identifying, developing and implementing programs and practices that, through education, improve the quality of life in Macomb County.

The Macomb Intermediate School District (MISD) is an Equal Opportunity Employer. It is the policy of the MISD that no person on the basis of race, creed, color, religion, national origin, age, sex, height, weight, marital status, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which the MISD is responsible. Inquiries regarding compliance with Section 504, Title IX, or the Americans with Disabilities Act may be directed to: Rosetta K. Mullen, Assistant Superintendent of Human Resources/Legal Affairs and Coordinator under Section 504, Macomb Intermediate School District, 44001 Garfield Road, Clinton Township, Michigan 48038-1100, (586) 228-3309.

Kindergarten Entry Frequently Asked Questions

The entry age for Kindergarten in a Michigan public school or public school academy gradually changed to require children to be 5 years old by September 1, rather than the current cutoff date of December 1.

Michigan joins the majority of states that require students to reach age 5 before enrolling in a public school and/or public school academy. The requirement was fully implemented in the 2015–2016 school year.

Kindergarten is a great opportunity for learning but is voluntary in the State of Michigan, meaning that kindergarten attendance is permitted but not required.**

[**State of Michigan, 96th Legislature, Regular Session of 2012](#)

[**MI Revised School Code 380.1147: Enrollment of children in Kindergarten](#)

Question	Answer
1. What is the age my child must be to enter kindergarten in the fall of 2022?	Children who are 5 on or before September 1, 2022 are automatically eligible for kindergarten in the fall of 2022. They will count in membership.
2. Is it possible for me to enroll my child in kindergarten this year if he/she turns 5 after September 1, 2022 but on or before December 1, 2022?	Yes, you must inform your resident district in writing of your intent to enroll your child in kindergarten early. This may be done any time prior to the start of the school year. The child will count in membership.
3. Who decides if my child who turns 5 by December 1, 2022 is ready for kindergarten?	School districts may make a recommendation to parents about whether a child is ready to enroll in kindergarten, but the parent always has the right to decide whether or not to enroll their child.
4. Will these dates and rules change again next year?	The transition to the September 1st cutoff date for kindergarten entry age is now complete and dates will remain the same unless there is new legislation. Parents' rights to request early entry for children who turn 5 between September 2nd and December 1st will also remain in force unless there is new legislation.

Kindergarten Registration Checklist:

Most districts begin to register for Kindergarten around **February** of each year for the following school year. Kindergarten Round Ups also take place around that time. The following is a general checklist that will make your registration process run smoother and help you be prepared when you go.

- Child's **birth certificate** with raised seal (pages that follow have more information)
- Child's **immunization** record (pages that follow have more information)
- Child's **vision and hearing** test results (pages that follow have more information)
- Proof of **residency** (driver's license and 2 pieces of mail containing your name and address - utility bills work well)
- Health form (if required by district)

Please contact your district for other specific requirements they might have.



Obtaining Your Child's Birth Certificate

Your child's birth certificate may be obtained from the county in which your child was born. Macomb, Oakland and Wayne counties all have websites and contact information is listed below.

Frequently Asked Questions

Who can get a copy of my child's birth certificate? Anyone listed on the birth certificate or legal guardian.

How much does it cost to get a birth certificate? Fees vary from \$7.50 to \$25.

What do I need to request a birth certificate? A valid driver's license or 3 pieces of Identification.

Can I request a birth certificate online? Yes, many counties provide an online service.



Macomb County

120 N. Main Mt. Clemens MI 48043

<http://clerk.macombgov.org/>

586-469-5120

Oakland County

www.oakgov.com

248-858-0581

Wayne County

www.waynecounty.com

Child born in the city of Detroit

640 Temple St Suite 678

Detroit, MI 48201

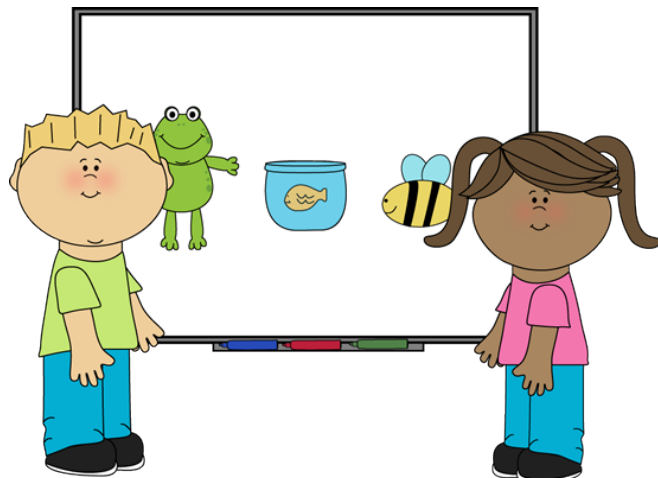
Child born outside the city of Detroit

Office of Wayne County Clerk

C/O Birth/Death Records Division

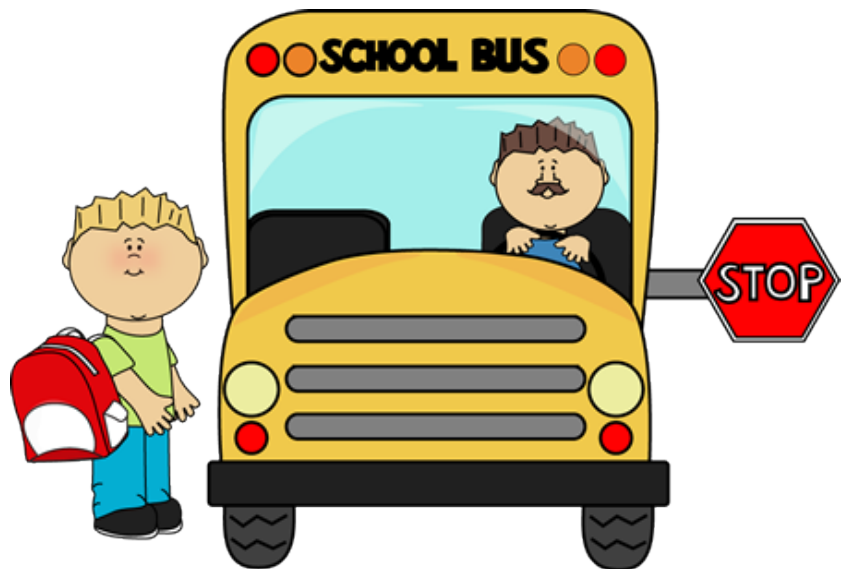
2 Woodward Ave Room 201

Detroit, MI 48226



Additional Tips

- Make the call to your local school district early to obtain kindergarten registration dates. Many districts start registration as early as February.
- If before/after school care is needed, ask about the available programs. Registration for these programs is generally done in the spring BEFORE the school year begins. Spaces are limited and generally require a registration fee.
- Inquire about transportation – will your child be bused or will you have to transport your child.
- Take your child on a tour of the new school. Ask at registration when this would be possible. Be sure to point out bathrooms, lockers, gym and lunch room.
- Visit the schools playground during the summer.
- Most of all, enjoy this milestone with your child!





Dear Parent of future kindergarten or Developmental Kindergarten students:

The State of Michigan requires children to be age-appropriately vaccinated to enroll in school programs, unless a valid exemption applies*. Children entering kindergarten or Developmental Kindergarten are required to have documentation of the following vaccinations:

- ✓ 5 doses DTap
✓ 4 doses Polio
✓ 3 doses Hepatitis B, or laboratory evidence of immunity
✓ 2 doses MMR, or laboratory evidence of immunity
✓ 2 doses Varicella, or laboratory evidence of immunity, or statement of disease history.

Get Required Vaccines

The following resources are options to obtain the required vaccinations:

- 1. Physician offices – contact your doctor’s office
2. Macomb County Health Department Immunization Clinic
a. Due to the COVID-19 crisis, Immunization services are available by appointment only. Please call the following Immunization Clinic Locations for availability. Please verify location of the vaccine administration with the Macomb County scheduler.

Table with 3 columns: Temporary Location (21885 Dunham Rd, Clinton Twp, MI 48036, (586) 469-5372), 27690 Van Dyke Av, Suite B Warren, MI 48093 (586) 465-8537, 25401 Harper Avenue St. Clair Shores, MI 48081 Temporarily Closed

- 3. Ascension School-based Health center at the following locations:

Table with 3 columns: Warren Mott High School (3131 E 12 Mile Rd Warren, 48092 (586) 558-8765), Clintondale High School (35200 Little Mack Clinton Twp., 48035 (586) 790-4096), Center Line High School (26300 Arsenal Center Line, 48015 (586) 510-2232)

Or Get Valid Exemption for Vaccines

*Parents must provide the school with one or both of the below two valid exemptions.

- 1. Non-medical Immunization Waiver Form – The local health department must certify this type of waiver for religious or other objection(s) to vaccine(s). To obtain a certified nonmedical waiver, a legal guardian must schedule an appointment by calling 586 466 6840 and receive an education on the vaccines waived. See “How to Obtain a Nonmedical Waiver” instructions (also included).
2. Medical Contraindication Form – This type of waiver is completed by a physician (MD., or DO.) verifying a medical reason that prevents the child from receiving a specific immunization(s) for a specific period of time. This form can be found on the website link below.

Any child with a valid exemption to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is subject to exclusion from the school if an outbreak of the disease occurs.

For more information, please visit our website



IMMUNIZATION CLINIC HOURS



By Appointments only

effective 1/24/2022

Health Center	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mount Clemens Health Center TEMPORARY LOCATION 21885 Dunham Road Clinton Township, MI 48036 (586) 469-5372	Open 8:30-4:30 TB testing: 8:30-4:30	Open 8:30-4:30 TB testing: 8:30-4:30	Open 8:30- 6:30 TB testing: 8:30-4:30	Open 8:30-4:30 No TB testing; can read results	Open 8:30-4:30 TB testing: 8:30-4:30
Southwest Health Center 27690 Van Dyke, Ste. B Warren, MI 48093 (586) 465-8537	Open 8:30-4:30 TB testing: 8:30-4:30	Open 8:30-4:30 TB testing: 8:30-4:30	Open 8:30-4:30 TB testing: 8:30-4:30	Open 8:30- 6:30 No TB testing; can read results	Open 8:30-4:30 TB testing: 8:30-4:30
Southeast Family Resource Center 25401 Harper Avenue St. Clair Shores, MI 48081 (586) 466-6800	Temporarily Closed for Immunization service				

For CHILDREN: A PARENT OR GUARDIAN MUST be available to complete & sign clinic health forms for each child. Forms are available at: <http://health.macombgov.org/Health-Programs-FamilyHealthServices-ImmunizationClinic>

WHAT YOU NEED TO BRING WITH YOU TO THE HEALTH CENTER:

1. IMMUNIZATION RECORD(S) for all persons being immunized
2. INSURANCE CARDS(S) for all persons being immunized
3. VALID IDENTIFICATION

PAYMENT/BILLING INFORMATION:

- There are charges for the administration of vaccines – **cash, check or credit cards.**
- **We cannot accept payments by Health Savings Accounts (HSA) or debit only cards.**
- Medicaid/Medicare Part B will be billed for approved vaccines.
- Macomb County Health Department can bill some commercial insurances for immunization services.
- Adults and children who have no insurance or who have insurance that does not cover the cost of vaccines may be eligible to receive vaccines at reduced cost.

For more information:

- Please call (586) 469-5372 or (586) 465-8537 and ask to speak with an Immunization Program Registered Nurse, or
- Visit our website for **updates and holiday schedules:** <http://health.macombgov.org/Health-Programs-FamilyHealthServices-ImmunizationClinic>
- Like us on Facebook: <https://www.facebook.com/PublicHealthMacomb>



Health Department

Hearing and Vision Program – Southeast Family Resource Center
25401 Harper Avenue, St. Clair Shores, MI 48081
Phone: 586-412-5945 Fax: 586-771-6705

HEARING AND VISION TESTING FOR INCOMING KINDERGARTENERS

Dear Parents/Guardians:

According to the Michigan Public Health Code (Act 368 of 1978), children entering kindergarten must have their hearing and vision tested **before the first day of school.**

Macomb County Health Department provides this service free of charge, **by appointment ONLY**, at various locations/dates from March – May. Please schedule your appointment now so your child will be prepared for kindergarten this fall. We do not offer screenings in June or July. Limited August appointments fill up quickly. If you have not arranged to have your child screened prior to the start of school, it will be necessary for you to visit your doctor for this service.

Important information to know:

- If your child attends pre-school in Macomb County, check with the pre-school to see if hearing and vision screenings have already been held or are scheduled to be conducted before the end of the school year. If this is the case, you will obtain the required paperwork for kindergarten entrance from your pre-school provider.
- If your child did not attend pre-school or was not screened due to absence on screening day at their pre-school, please call the Hearing & Vision Program at Macomb County Health Department at (586) 412-5945 to schedule an appointment. You will be notified of locations and appointment times when you call.
- **DO NOT SCHEDULE AN APPOINTMENT FOR LOST OR MISPLACED PAPERWORK.** If you have lost or misplaced your paperwork, please call the office to discuss your options for obtaining documentation.
- For entrance into kindergarten, documentation is required and provided by Macomb County Health Department (see sample below). Please put this document in a safe place until it is time for kindergarten registration.

MACOMB COUNTY HEALTH DEPARTMENT
HEARING AND VISION PROGRAM
586-412-5945

PARENT/GUARDIAN: IMPORTANT

This form must be presented when child enters kindergarten in accordance with Michigan Public Health Code (Act 368 of 1978).

CHILD'S NAME: _____	
DATE: _____	
HEARING SCREENING	VISION SCREENING
<input type="checkbox"/> PASSED	<input type="checkbox"/> PASSED
<input type="checkbox"/> DID NOT PASS - An examination by your local health department or family doctor is required.	<input type="checkbox"/> DID NOT PASS - An examination by an optometrist or an ophthalmologist is required.
_____ MDHHS Trained Hearing Technician	_____ MDHHS Trained Vision Technician

© Health Promotion & Disease Control/Hearing and Vision/HVPS FORMS FOR PRINTING/MCHD-HVPS_Rev06_01/2017

Keep your yellow Pass/Fail slip in a safe place until kindergarten registration!

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HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?	
Reason for Medication _____				⇒
_____/_____/_____ Parent/Guardian Signature Date				

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: ____/____/____	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height Weight Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: ____/____/____	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____	⇒			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: ____/____/____	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: ____/____/____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: ____/____/____	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: ____/____/____

SECTION III - IMMUNIZATIONS					
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*					
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
<i>Haemophilus Influenzae</i> type b (HIB)	1	3		2	
	2	4		OTHER Vaccines Specify Date & Type	
Polio (IPV/OPV)	1	3	1	Type of Vaccine(s)	Date of Vaccine(s)
	2	4	2	1	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3	2	
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2				
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			Parent/Guardian refused immunizations: <input type="checkbox"/>		
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		/ /
<i>Health Professional's Signature</i>			Title		Date

		SECTION IV - RECOMMENDATIONS			
		(Required for Child Care and Head Start/Early Head Start)			
No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other			
<input type="checkbox"/>	<input type="checkbox"/>				
Other Recommendations					

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)	
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	
child's name	

<i>Dentist's Signature</i>	
/ /	
Date	

PHYSICIAN'S SIGNATURE			
_____	/ /	_____	_____
<i>Examiner's Signature</i>	Date	<i>Examiner's Name (Print or Type)</i>	Degree or License
Number & Street	City	MI	ZIP Code (_____) Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

Give your child
a successful start!



Roseville Community Schools
18975 Church St.
Roseville, MI 48066

ROSEVILLE COMMUNITY SCHOOLS

KINDERGARTEN PROGRAM

Roseville kindergarten teachers have put together this booklet in order to help give your child a successful start. We believe that Kindergarten is the Foundation for your child's education.

<u>I. OFF TO A GOOD START</u>	2
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❖ Safety First	
<u>II. LANGUAGE ARTS</u>	3-5
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❖ Writing	
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<u>VI. PARENT INFORMATION</u>	10-12
❖ Other Programs	
❖ Parent Checklist	

OFF TO A GOOD START

ESTABLISH A DAILY ROUTINE AT HOME

- ❖ A good night's sleep is important
- ❖ A balanced diet – healthy breakfast/lunch
- ❖ Good attendance is important
- ❖ Be punctual
- ❖ Allow plenty of time so you aren't rushed
- ❖ Dress appropriately for the weather
- ❖ Prepare your child's backpack

SAFETY FIRST:

- ❖ We want your child to arrive at school and home safely.
- ❖ Practice the teacher's name with your child.
- ❖ Put an identification tag **inside** your child's coat and backpack.
 - **Include:** Child's full name, transportation, and person picking your child up



READ-ALOUD FAVORITES FOR YOUR KINDERGARTENER

Curious George by H.A. Rey: The adventures of Curious George, a funny little monkey. His curiosity gets him into all kinds of mischief, and children fall in love with him. A timeless classic.

Frog and Toad Are Friends by Arnold Lobel. Five chapters tell of the adventures of these two best friends. Other books in this series also are recommended.

Harry the Dirty Dog by Gene Zion. Harry, a white dog with black spots, hates taking baths. He runs away, and when he comes back, he's so dirty the family barely recognizes him.

The Hole in the Dike, retold by Norma Green. The inspiring legend of a brave little Dutch boy who discovers a hole in the dike and tirelessly plugs it with his finger until help arrives.

Little Bear by Else Holelund Minarik. This series of books about Little Bear and his family covers topics that are important to children, such as birthdays, playing, and washing.

The Little Engine that Could by Watty Piper. Faced with a difficult task, a little engine does his best to save the day. A wonderful lesson in positive thinking ("I think I can") and persistence.

Madeline by Ludwig Bemelman. The adventures of Madeline, the daring little girl who lives with her eleven friends in a Parisian boarding school.

Make Way for Ducklings by Robert McClosky. This modern classic follows Mrs. Mallard and her eight ducklings as they search for a new home.

Mike Mulligan and His Steam Shovel by Virginia Lee Burton. The heartwarming story of Mary Anne, the old-fashioned steam shovel, who proves she and her owner can still be useful to the town of Popperville.

Millions of Cats by Wanda Gag. A little old man and a little old woman want a cat, but end up with hundreds of cats, thousands of cats, millions and billions and trillions of cats.

The Mysterious Tadpole by Steven Kellogg.

Louis gets a surprise birthday gift, a tadpole, from his uncle in Scotland. What a tadpole he turns out to be! He's a direct descendent of the Loch Ness Monster, and now so easy to care for.

Peter's Chair by E. Jack Keats. A heartwarming story about Peter and the lesson he learns as his special chair gets painted for his little sister.

The Snowman by Raymond Briggs. In this wordless book, a snowman takes a little boy on a magnificent flight.

Stone Soup retold by Marcia Brown. Classic tale of three hungry soldiers and how they make soup with three stones and a dash of cunning.

The Story of Ferdinand by Munro Leaf. Classic tale of a Spanish bull who enjoys sitting among the flowers. He is mistakenly chosen to fight in the bull ring, but all he really wants to do is go home to enjoy the flowers.

The Story of Ping by Marjorie Black. Story of a small duck who finds himself separated from his family. His adventure is full of danger, but ends happily with the help of a little boy.

Swimmy by Leo Lionni. Story of a little fish who looks, and thinks, differently from the other fish. He saves the day for his friends who are about to be eaten by a hungry tuna. Nicely illustrated.

Tale of Peter Rabbit by Beatrix Potter. A classic book about little Peter Rabbit who doesn't listen to his mother's warnings and goes into Mr. McGregor's garden.

The Three Billy Goats Gruff by Marcia Brown. A family of goats outsmarts the mean troll under the bridge.

William's Doll by Charlotte Zolotow. Story of a boy with a strong desire for a doll. Nobody understands William until his grandmother steps in and sets things right.

NOTE: We urge you to review books personally to see if they're appropriate for your child.

adopted from **KINDERGARTEN CONNECTION**
1105 North Royal Avenue Front Royal, VA 22630
(703)-635-9911

Writing Example Page



My Special Back to School Alphabet

My name

Aa Bb Cc Dd Ee

Ff Gg Hh Ii Jj Kk

Ll Mm Nn Oo Pp

Qq Rr Ss Tt Uu

Vv Ww Xx Yy Zz

COLORS CAN BE HARD TO LEARN.....

Tips for Parents:

(Always compare at least 2 colors when pointing out color name.)

1. Say the color name, “Hang the green coat up.”
 “Put the red ball in the box.”
2. Allow the child to choose socks, ribbons, barrettes, T-shirts, and so on to match the outfit to be worn.
3. Permit the child to match socks, towels, pillow cases, and so on from the wash.
4. Use pieces of yarn, cloth swatches, colored paper, (use two sets of each) to match the colors.
5. Color and/or paint pictures and name the color(s) used.
6. Make a specific color of Jello.
7. Finger paint.
8. Color macaroni, rice, beans and so on. The child can string or paste them to make a picture.
9. Dye Easter eggs.
10. Dye frosting for cakes, cupcakes, and cookies for birthdays and holidays.

COUNTING

REMEMBER: Children need to hear the number names hundreds of times.

SUGGESTIONS:

1. Count as you go up and down stairs with your child.
2. Count the buttons on clothing.
3. Help set the table – count plates, knives, forks, spoons, napkins, chairs
4. Ask for one diaper or one bottle for the baby.
5. Count snacks: crackers, orange slices, M & M's, etc.
6. Listening to rhymes, stories can help.
7. Talk about the time often.
8. When driving count signs, trees, cars

SOCIAL and PERSONAL GROWTH

WORK HABITS

- ❖ Encourage your child
- ❖ Set aside time to talk about school daily
 - Ask specific questions
 - Be a good listener
 - Be positive about learning
- ❖ Your praise and support can affect your child's feelings about school
- ❖ A good parent is the child's first and most important teacher
 - Be a good role model
 - Supervise and limit T.V. viewing
 - Get involved in school activities

STRENGTHENING MOTOR DEVELOPMENT

GROSS MOTOR

- ❖ Encourage lots of outdoor play – throwing, running, climbing, hopping, jumping, crawling, skipping, and galloping.
- ❖ Frequent trips to parks can give much practice on specialized equipment to help to build and strengthen muscles and develop spatial perception
- ❖ Riding tricycles, bicycles, propelling a wagon or a scooter, balancing on a skate board, roller skating, and rope jumping are ways to promote total coordination.

FINE MOTOR

- ❖ Small muscle control is encouraged through early use of paper and pencil/pen scribbling to simple tasks of making circles.
- ❖ Cutting with scissors and pasting are fun activities for children.
- ❖ Stringing beads and sewing cards with shoe strings develop finer eye-hand skills.
- ❖ Tracing outlines of basic shapes, animals, and so on encourage deliberated movements.

BASIC KINDERGARTEN CURRICULUM

Calendar

Days of the Week
Yesterday, Today, Tomorrow
Date: Month, Day Number, Year
Months of the Year
Counting the Days of School
Calendar Pattern
Weather

Reading

Reading, Writing, and Working Left to Right
Title, Author, Illustrator
Story Sequence
Predicting the Story Line
Poems, Rhymes and Songs
Story Telling
Wordless Picture Books
Letter Recognition
Key Words in the Story
Thematic Units and Related Books

Writing

Names – First and Last
*Only the first letter of each name is capital
Letter Formation
Teacher models by recording the students words and
writes them down
Students explore writing scribble, writing random letters
and a few words
Trace letters
Transfer of letters to the paper
Introduce the use of lined paper

BASIC KINDERGARTEN CURRICULUM

Mathematics

- Patterning (AB, ABC)
- Shapes
- Counting
- Number Identification (0-30)
- Writing Numbers (1-20)
- Sorting
- Categorizing
- Estimating
- Graphics
- Attributes (color, shape, size)

Lexia Core 5

- Reading

Renaissance Star 360

- Early Literacy
- Reading
- Mathematics
- Science

Fine Motor Skills

- Cutting
- Tracing
- Writing
- Coloring
- Drawing

Verbal and Social Skills

- Show and Tell
- Play Time
- Recess
- Following Classroom Rules
- Following School Rules
- Raising Hand and Speaking
- Getting Along
- Listening to Others
- Problem Solving
- Good Behavior

**ROSEVILLE COMMUNITY SCHOOLS OFFERS A NUMBER OF
EARLY CHILDHOOD PROGRAMS**

Great Start Readiness Program: This program is for four year old children who have been identified through an interview process as having certain risk factors that are determined by the State of Michigan. The program is free if you qualify and runs Monday – Thursday full day. Children must be 4 by September 1st of the current school year, live in the Macomb County, and meet the identified risk factors to qualify. Home visits and parent involvement are required. The program is funded by a grant from the State of Michigan Department of Education.

Head Start: A federally funded program that is offered free of charge. Families must meet income eligibility guidelines. Parent participation and home visits are required. Children who are 3 by September 1st or 4 by September 1st may be eligible for the program.

Early Childhood Special Educations (ECSE): A special education pre-school program for 3-5 year olds, who have been identified as requiring additional special services. Classes meet Monday – Friday.

CHILD CARE/LATCH KEY

School Age Child Care (Latchkey): Students in grades K-5 before and after school care/latchkey. Please allow at least three days after registering to begin care. This program includes outdoor and indoor activities for students.

Current Locations:

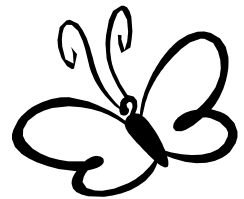
Dort	-	On site plus Kaiser
Huron Park	-	On site
Kment	-	On site plus Patton
Steenland	-	On site plus Fountain

Latchkey Registration: A \$40 fee is due at time of enrollment. Cash, check or Visa\MC accepted

NOTE: Please allow three days for registration processing before starting child care/latchkey.

For more information on any of these programs call:

- Great Start Readiness Program 586-445-5724
- School Age Childcare 586-445-5688
- Head Start 586-469-5215
- ECSE- Special Education 586-445-5675
- Kindergarten 586-445-5510



PARENT CHECKLIST

- 1. Will your child be 5 or older when he/she starts kindergarten?
- 2. Can strangers easily understand your child's speech?
- 3. Can your child pay attention to a short story when it is read and answer simple questions about it?
- 4. Draw and color beyond a simple scribble?
- 5. Tie a shoe?
- 6. Zip a coat?
- 7. Button clothing?
- 8. Snap clothing?
- 9. Tell his/her left hand from their right?
- 10. Use scissors appropriately?
- 11. Use pencils, crayons, and markers appropriately?
- 12. Take care of toilet needs by him/herself?
- 13. Count to 10?
- 14. Knows and verbalizes both first and last name?
- 15. Follows simple instructions?

PARENT CHECKLIST (Cont'd)

- 16. Draws a simple picture and identify main features.
- 17. Name the colors.
- 18. Do you have books, magazines and newspapers in your home that your child can look at?
- 19. Does your child pretend to read?
- 20. Do you read to your child daily?
- 21. Can he/she tell you his/her birth date – month and date?
- 22. Can your child hop, skip, jump, and gallop?
- 23. Recite address?
- 24. Recite phone number?
- 25. Name body parts?
- 26. Recite nursery rhymes?

Please return this checklist to your child's teacher the first day of school. Thank you!!

Parent's Signature

Child's Name

BOARD OF EDUCATION

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Revised 4/19/2023

MB/cd

MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS)

(New 8-23)

SECTION 1 – STUDENT INFORMATION

Child's Name (Last, First, Middle)

Date of Birth

Address (Number, Street, City, Zip Code)

Home/Cell Phone Number

Parent/Guardian Name (Last, First, Middle)

Parent/Guardian Email

School Name

SECTION 2 – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

(Licensed dental professional must complete this section)

Date of Service

Type of Service

Dental Exam

Dental Assessment

Findings (Check all that apply)

No findings

Treated decay

Untreated decay

Recommendations (Check **one**)

Routine care

Referral for dental treatment

Referral for urgent dental care

Provider Type (Check **one**)

Dentist

Dental Therapist

Dental Hygienist

Provider Signature

Agency/Local Health Department

Provider Name (Print)

Phone Number

Additional Comments

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2		Influenza (IIV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5			
	3	6	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Tdap	1			2	
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Rotavirus (RV1/RV5)	1	3			
	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		____/____/____
<i>Health Professional's Signature</i>			Title		Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / _____ / _____

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____

Examiner's Signature Date *Examiner's Name (Print or Type)* Degree or License

_____ MI _____ (____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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