



The purpose of our school is to empower students to achieve excellence in scholarship, character, and citizenship through collaborative and independent lifelong learning in a global community.

Important Dates

TUESDAY MAY 12:

EARLY WITHDRAWAL 2ND SEMESTER
(WITH PCS ORDERS)

MONDAY MAY 25:

MEMORIAL DAY/ FEDERAL HOLIDAY—
NO SCHOOL

In This Edition

- Principal's Corner
- Operation: Carrier Cards
- Re-Registration Flyer
⇒ Forms for Re-Registration
- Kindergarten Online Registration Flyer
⇒ Kindergarten Forms
⇒ Welcome to Kindergarten
- Sure Start Flyer
⇒ Sure Start Application Website:
<https://tinyurl.com/yd6avsw8>
- A Note From the Art Teacher



Principal

Ms. Kerry Weidler

Office Hours

Mon-Fri 0730 –1530 PM

Phone: 253-3327



Letter From The Principal



Dear Samurai Families,

Let's talk about social media. I love it! It's a great way to stay connected with friends and family. It's also a fantastic platform for getting information. The best way to get official, accurate information about our school is to connect with us on Facebook. Our page is DODEA M. C. Perry Elementary School. Looking for something and can't find it? Message us! Saw it on an Iwakuni community group page? Please check with us. I believe people have honorable intentions, and I am so grateful to be in a community that helps each other. The best way to get answers is to come directly to the source, though. We're here to help! Another avenue to reach us is to call 253-3327.

Speaking of community connections and social media, did you see the awesome opportunity to participate in Operation Carrier Cards? Check out the flyer below.

We're getting questions about how we will return laptops, classroom materials, etc., and about how to retrieve items from the classroom. We have submitted a proposal to the District Superintendent's Office and will publish it as soon as we get the all clear. If you are ready to return library books now, we have a box outside the front door for this purpose.

Very respectfully,
Kerry Weidler
Principal
MC Perry ES



Operation: Carrier Cards



WHO: Everyone onboard MCASI

WHAT: UNSEALED cards or drawings for sailors

WHEN: Collection ends 28 May

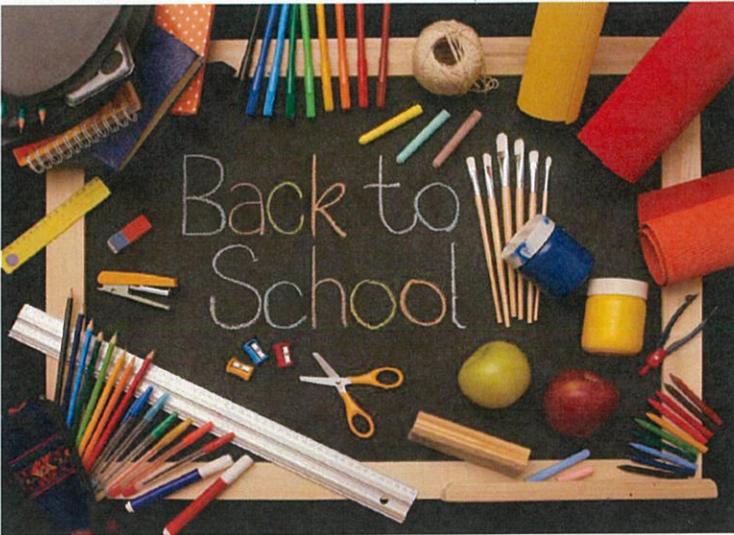
WHERE: Mainside PO mail slot

WHY: To show gratitude for their sacrifice

Letters for our CVW-5 Sailors

Calling volunteers of all ages to write letters of gratitude to our amazing sailors in CVW-5. Let's send-off CVW-5 with love and a load of letters for them to open on the carrier. Let's thank them for their sacrifice and commitment during this unprecedented time. They can be addressed to "Sailor" or "Hero". Please place the unsealed letters in the labeled slot at the Mainside Post Office. For letters to specific service members, please include their name and command. Collection ends on May 28th.

Thank you Iwakuni!



SY 2020-2021 PAC EAST ONLINE RE-REGISTRATION

100% Accountability Required!

Who: ALL PAC EAST Families - 100%

What: Re-registration or withdrawal from Iwakuni schools

Why: Yearly status update is required for re-establishing enrollment eligibility. This process determines the schools' plans for hiring teachers and securing resources for the upcoming school year. **ALL** families must either re-register or withdraw.

Where: <https://www.dodea.edu/DORS/>
"Current Student Re-Registration"

When: Mon. April 13, 2020 - Fri. April 24, 2020

How: **Username:** Student ID Number
* K-3: Parents will receive a separate email.
* 4-12: Parents must acquire it from GradeSpeed.
Password: Student's DOB (MM/DD/YYYY)

Please visit the link below:

[https://www.dodea.edu/DORS/
Current Student Re-Registration](https://www.dodea.edu/DORS/Current Student Re-Registration)

What to provide:

* If you are returning for next year and current DEROS is expiring before the first day of school for next school year, provide copies of the following document (s) that is (are) applicable to you to extend your student's enrollment eligibility :

- Approved extension memo (new/adjusted DEROS must be listed)
- Updated letter of employment (with SF50 or DD3434)
 - Updated 700-19 (with tuition billing letter)

Questions?

Please contact your school registrar via email only.

M.C Perry HS:
melissa.behnken@dodea.edu
Iwakuni MS:
shani.quimby@dodea.edu
Iwakuni ES:
kayla.clark@dodea.edu
M.C Perry ES:
madison.dubois@dodea.edu

dodea
PACIFIC



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DEPARTMENT OF DEFENSE

DEPENDENT SCHOOLS

Matthew C. Perry Elementary School
PSC 561 Box 1874
FPO AP 96310



Home of Sammy the Samurai

Tuberculosis Exposure Risk Assessment

Student's Name: _____

A Tuberculosis Exposure Risk Assessment is required every school year. Please answer these questions to the best of your knowledge. Please return the completed form to the school nurse when you come to re-register your child for the 2020 - 2021 school year.

1. Was your child exposed to anyone known to have or suspected of having active tuberculosis?

Yes No Don't Know

2. Since your child's last tuberculosis test (PPD), did they have direct contact with any individuals from the following groups: (Please check all that apply; leave blank if not applicable)

refugees displaced persons homeless shelter population prisoners

3. Has your child been to any of these countries in the past 6 months? (Please check all that apply)

Bangladesh Brazil Cambodia China DR Congo
Ethiopia India Indonesia Kenya Mozambique
Myanmar Nigeria Pakistan Philippines Russian Federation
South Africa Thailand Uganda UR Tanzania Viet Nam

4. During your travels to any of the above countries, was your child in direct or prolonged contact with the local population? Yes No

If yes, please explain:

Parent Signature

Date

For Nurse Use:

Tuberculosis risk assessment based on above responses: Minimal Risk Increased Risk
Recommend PPD Testing: Yes No



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DEPARTMENT OF DEFENSE
DEPENDENT SCHOOLS
Iwakuni Elementary School
PSC 561 Box 1874
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Iwakuni Japan

Tuberculosis Exposure Risk Assessment

Student's Name: _____

A Tuberculosis Exposure Risk Assessment is required every school year. Please answer these questions to the best of your knowledge. Please return the completed form to the school nurse when you come to re-register your child for the 2020 - 2021 school year.

1. Was your child exposed to anyone known to have or suspected of having active tuberculosis?

Yes No Don't Know

2. Since your child's last tuberculosis test (PPD), did they have direct contact with any individuals from the following groups: (Please check all that apply; leave blank if not applicable)

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If yes, please explain:

Parent Signature

Date

For Nurse Use:

Tuberculosis risk assessment based on above responses: Minimal Risk Increased Risk
Recommend PPD Testing: Yes No

H-1-1 DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT HEALTH HISTORY

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0495). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. section, 2164 (Department of Defense Domestic Dependent Elementary and Secondary Schools) and 20 U.S.C. sections 921-932 (Defense dependents' education system).
PRINCIPAL PURPOSE: Obtain health related information about a student enrolling or enrolled in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and promote a safe school environment. Determine services to be provided for a student in an equal opportunity to participate in public education.
ROUTINE USES: DoDEA may release information without prior consent within the Department of Defense (DoD) when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a (b) (1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a (b) (2-12), and the "Blanket Routine Uses," published at <http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Examples of release may include for valid medical, law enforcement or security purposes or for use in litigation involving the DoD.
DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the delay or denial of student services.

NAME of Student _____ Grade _____ Check: Female Male Date of Birth: ____/____/____
Last First Middle Initial (mm / dd / yyyy)

MEDICAL HISTORY: CHECK (✓) ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).

ALLERGIES	RESPIRATORY	PSYCHOSOCIAL	Please provide additional information if needed to ensure your dependent's welfare and safety during school days. Attach an additional page if needed. Contact the school nurse for any health concerns regarding your dependent.
Insect sting (bee/wasp/ant)	Asthma	ADHD date diagnosed:	
Drug/Medication*	Date diagnosed:	Anxiety date diagnosed:	
Environmental	Inhaler needed: <input type="radio"/> Yes <input type="radio"/> No	Autism	
Food*	@ school: <input type="radio"/> Yes <input type="radio"/> No	Depression	
Seasonal	@ home: <input type="radio"/> Yes <input type="radio"/> No	Eating disorder	
Other:	Bronchitis	Self-harm / cutting	
*Name allergen:	Cystic fibrosis	Suicidal thoughts / attempt	
	Pneumonia	MEDICATION	
EYES	Sinusitis	* My dependent will need medications during school hours for the treatment of _____.	
Glasses/contact lenses	TB		
Wears glasses full time	Other:		
Glasses for reading	CARDIOVASCULAR	* My dependent may need emergency medication during school hours for _____.	
Color deficiency	Congenital heart defect Needs special care: <input type="radio"/> Yes <input type="radio"/> No	Identify any condition that warrants daily, as needed, and/or emergency administration of medicine for your dependent and list all medications: _____	
Other:	Specify care:		
EARS	Enlarged heart		
Frequent ear infections	Heart murmur		
Hearing loss <input type="checkbox"/> Right <input type="checkbox"/> Left	Rheumatic heart disease		
Hearing aid <input type="checkbox"/> Right <input type="checkbox"/> Left	Hemophilia	* Please see the school nurse for information regarding medication at school. Certain forms (H-3-2 and/or H-3-9) need to be signed by prescribing Primary Care Manager (PCM)/doctor and sponsor/parent/guardian. All medications will be in the original container and pharmacy label with the student's name. Medications will remain at school for the duration of the treatment/prescription.	
Ear tubes	Sickle cell disorder		
Date placed:	Hypercholesterolemia		
Right/Left/Both:	High blood pressure		
Other:	Other:		
DENTAL	GASTROINTESTINAL	Health Care Treatment, Restrictions	
Braces	Frequent constipation	Identify any special health care procedures that your dependent may require during the school day:	
Other:	Irritable bowel syndrome (IBS)		
NEUROLOGIC	Hernia		
Cerebral palsy	Lactose intolerant **		
Concussion	Other:		
Frequent headaches	MUSCULOSKELETAL	Identify any condition that warrants a restriction of student activity specify the nature and duration of the limitation and any other information that would help the school assist your dependent:	
Migraine	Muscular dystrophy		
Seizure	Scoliosis		
Spina bifida	Other:		
Sleep disorder	GENITOURINARY		
Other:	Bladder control problem		
ENDOCRINE	Intermittent catheterization	** Lactose Intolerant	
Diabetes	Self cath. / needs help	A written note is required from the PCM/doctor stating that student is lactose intolerant.	
Thyroid	Needs frequent bathroom use		
Other:	Urinary tract infections		
SKIN/DERMATOLOGY	Other:		
Acne	**Enter your name below. This is a legally binding electronic signature that confirms all information provided here is complete and accurate to the best of your knowledge.		
Eczema			
Ingrown toe nail			
Other:			

Sponsor/Parent/Guardian's Name **Date** **Primary Phone No.**



KINDERGARTEN ONLINE REGISTRATION



School Year 20-21

Register your child(ren) for Kindergarten for SY 20-21
CHILDREN MUST BE 5 ON OR BEFORE SEPTEMBER 1, 2020

Where: <https://www.dodea.edu/>
'New Student Registration'

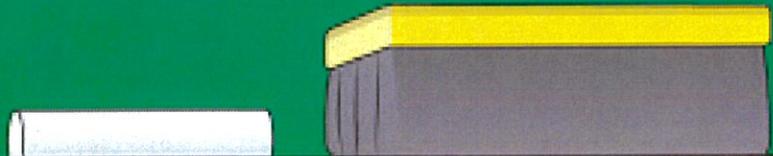
What to provide: Sponsors must provide a copy of their orders and area clearance, immunization records, and a copy of child's passport for eligibility determination.

Forms needed:

Student Health History
MCPES Tuberculosis Exposure Risk Assessment



Attach all documents and forms to the end of your
child's online application



Registrar: Madison Dubois, MC Perry Elementary,
DSN: 253-4524 Email: madison.dubois@dodea.edu

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Last First Middle Initial (mm / dd / yyyy)

MEDICAL HISTORY: CHECK (✓) ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).

ALLERGIES	RESPIRATORY	PSYCHOSOCIAL	Please provide additional information if needed to ensure your dependent's welfare and safety during school days. Attach an additional page if needed. Contact the school nurse for any health concerns regarding your dependent.
<input type="checkbox"/> Insect sting (bee/wasp/ant) <input type="checkbox"/> Drug/Medication* <input type="checkbox"/> Environmental <input type="checkbox"/> Food* <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: *Name allergen: _____	<input type="checkbox"/> Asthma Date diagnosed: _____ Inhaler needed: <input type="radio"/> Yes <input type="radio"/> No @ school: <input type="radio"/> Yes <input type="radio"/> No @ home: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Bronchitis <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sinusitis <input type="checkbox"/> TB Other: _____	<input type="checkbox"/> ADHD date diagnosed: _____ <input type="checkbox"/> Anxiety date diagnosed: _____ <input type="checkbox"/> Autism <input type="checkbox"/> Depression <input type="checkbox"/> Eating disorder <input type="checkbox"/> Self-harm / cutting <input type="checkbox"/> Suicidal thoughts / attempt	
EYES	CARDIOVASCULAR	MEDICATION	* My dependent will need medications during school hours for the treatment of _____. * My dependent may need emergency medication during school hours for _____. Identify any condition that warrants daily, as needed, and/or emergency administration of medicine for your dependent and list all medications: _____
<input type="checkbox"/> Glasses/contact lenses <input type="checkbox"/> Wears glasses full time <input type="checkbox"/> Glasses for reading <input type="checkbox"/> Color deficiency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Congenital heart defect Needs special care: <input type="radio"/> Yes <input type="radio"/> No Specify care: _____ <input type="checkbox"/> Enlarged heart <input type="checkbox"/> Heart murmur <input type="checkbox"/> Rheumatic heart disease <input type="checkbox"/> Hemophilia <input type="checkbox"/> Sickle cell disorder <input type="checkbox"/> Hypercholesterolemia <input type="checkbox"/> High blood pressure Other: _____	* Please see the school nurse for information regarding medication at school. Certain forms (H-3-2 and/or H-3-9) need to be signed by prescribing Primary Care Manager (PCM)/doctor and sponsor/parent/guardian. All medications will be in the original container and pharmacy label with the student's name. Medications will remain at school for the duration of the treatment/prescription.	
EARS	GASTROINTESTINAL	Health Care Treatment, Restrictions	Identify any special health care procedures that your dependent may require during the school day: Identify any condition that warrants a restriction of student activity specify the nature and duration of the limitation and any other information that would help the school assist your dependent:
<input type="checkbox"/> Frequent ear infections <input type="checkbox"/> Hearing loss <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Hearing aid <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Ear tubes Date placed: _____ Right/Left/Both: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Frequent constipation <input type="checkbox"/> Irritable bowel syndrome (IBS) <input type="checkbox"/> Hernia <input type="checkbox"/> Lactose intolerant ** <input type="checkbox"/> Other: _____	** Lactose Intolerant A written note is required from the PCM/doctor stating that student is lactose intolerant.	
DENTAL	MUSCULOSKELETAL	GENITOURINARY	** Enter your name below. This is a legally binding electronic signature that confirms all information provided here is complete and accurate to the best of your knowledge.
<input type="checkbox"/> Braces <input type="checkbox"/> Other: _____	<input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Scoliosis <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bladder control problem <input type="checkbox"/> Intermittent catheterization Self cath. / needs help <input type="checkbox"/> Needs frequent bathroom use <input type="checkbox"/> Urinary tract infections <input type="checkbox"/> Other: _____	
NEUROLOGIC	ENDOCRINE	SKIN/DERMATOLOGY	Sponsor/Parent/Guardian's Name _____ Date _____ Primary Phone No. _____
<input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Concussion <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Migraine <input type="checkbox"/> Seizure <input type="checkbox"/> Spina bifida <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Other: _____	<input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid <input type="checkbox"/> Other: _____	<input type="checkbox"/> Acne <input type="checkbox"/> Eczema <input type="checkbox"/> Ingrown toe nail <input type="checkbox"/> Other: _____	



PACIFIC

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DEPENDENT SCHOOLS
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Home of Sammy the Samurai

Tuberculosis Exposure Risk Assessment

Student's Name: _____

A Tuberculosis Exposure Risk Assessment is required every school year. Please answer these questions to the best of your knowledge. Please return the completed form to the school nurse when you come to re-register your child for the 2020 - 2021 school year.

1. Was your child exposed to anyone known to have or suspected of having active tuberculosis?

Yes No Don't Know

2. Since your child's last tuberculosis test (PPD), did they have direct contact with any individuals from the following groups: (Please check all that apply; leave blank if not applicable)

refugees displaced persons homeless shelter population prisoners

3. Has your child been to any of these countries in the past 6 months? (Please check all that apply)

Bangladesh Brazil Cambodia China DR Congo
 Ethiopia India Indonesia Kenya Mozambique
 Myanmar Nigeria Pakistan Philippines Russian Federation
 South Africa Thailand Uganda UR Tanzania Viet Nam

4. During your travels to any of the above countries, was your child in direct or prolonged contact with the local population? Yes No

If yes, please explain:

Parent Signature

Date

For Nurse Use:

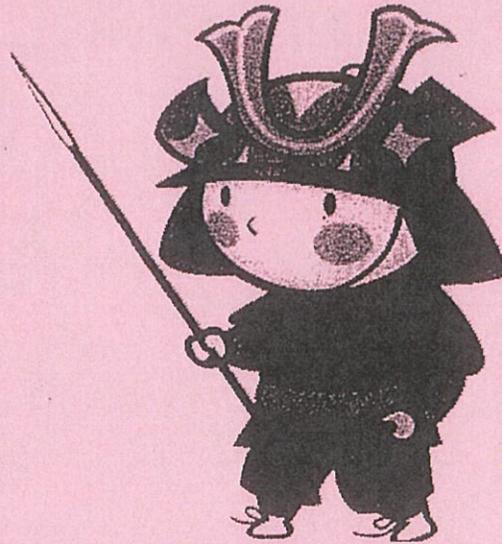
Tuberculosis risk assessment based on above responses:

Minimal Risk Increased Risk

Recommend PPD Testing:

Yes No

M.C. Perry Elementary
School



Welcome
to
Kindergarten

Kindergarten: First School Experience

Kindergarten is for many children the first year of school experience. It is a planned program in which essential foundational learning is begun. Many of the activities may look like play, but it is manipulative play with a definite purpose. Classroom activities will help children learn that:

- School is a pleasant place to be
- It is good to work hard
- He/she can achieve and contribute
- He/she should think of others, as well as of himself/herself
- He/she can use his/her muscles and body more skillfully
- He/she can behave in ways to safeguard his/her health

Your child should know:

- His/her full name
- Home address
- Home telephone number and sponsor's duty phone
- Safest way to the nearest bus stop (if your child is a bus rider)
- Safe bus behavior
- How to cross the street safely
- How to dress and tie shoe laces
- How to hang up clothing
- How to use a handkerchief or tissue
- How to put away toys and games
- How to clean up after cutting and pasting



A child needs:

- To be accepted as a person
- To be loved and wanted
- To feel that he/she belongs
- Much praise and approval
- A sense of achievement
- Small responsibilities and duties he/she can do daily

Your child will be increasing his/her:

- Understanding of the world around him/her
- Information and meanings
- Zest for learning
- Ability to communicate ideas and feelings
- Independence and initiative

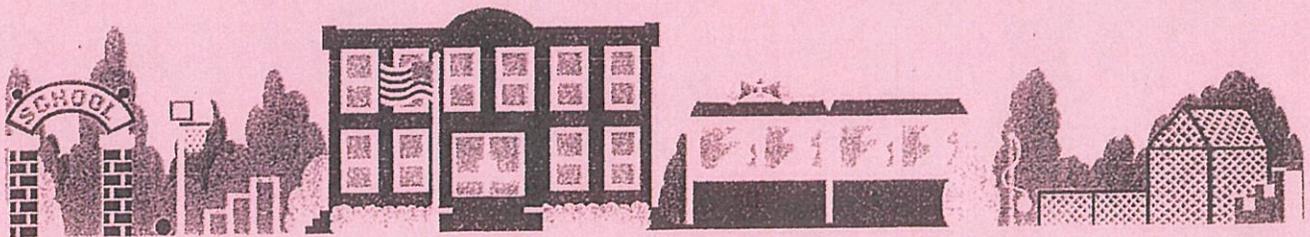


Your child will be acquiring good work habits in school and learning readiness activities that will enable him/her to enter into the first grade program, when he/she is ready, with confidence and enjoyment. Emphasis is placed on the child growing at his/her own rate and learning on his/her own level.

Language:

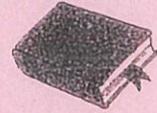
Many kindergarten children do not speak English fluently. To assist your child in preparing for his/her new English speaking school environment we recommend:

1. Encourage your child to play with English speaking children.
2. Have him/her watch age-appropriate television programs that are in English.
3. Attend age -appropriate movies when available at the base theatre.
4. Attend Youth Center activities.
5. Visit the Base library.
6. Make use of read-along books and cassettes.
7. Practice English color names and shape names.
8. Teach your child to write his/her name in English.
9. Help your child to learn to count in English.
10. Most importantly, your child needs to share many different experiences with you. Visit zoos, parks, and go on other excursions. Always **talk** with your child about these experiences.

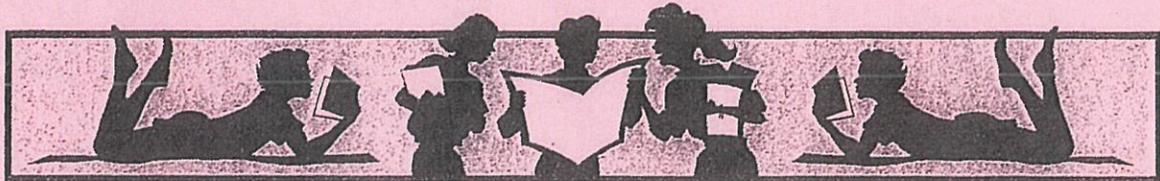


Tips to make reading fun

Make reading a fun family activity

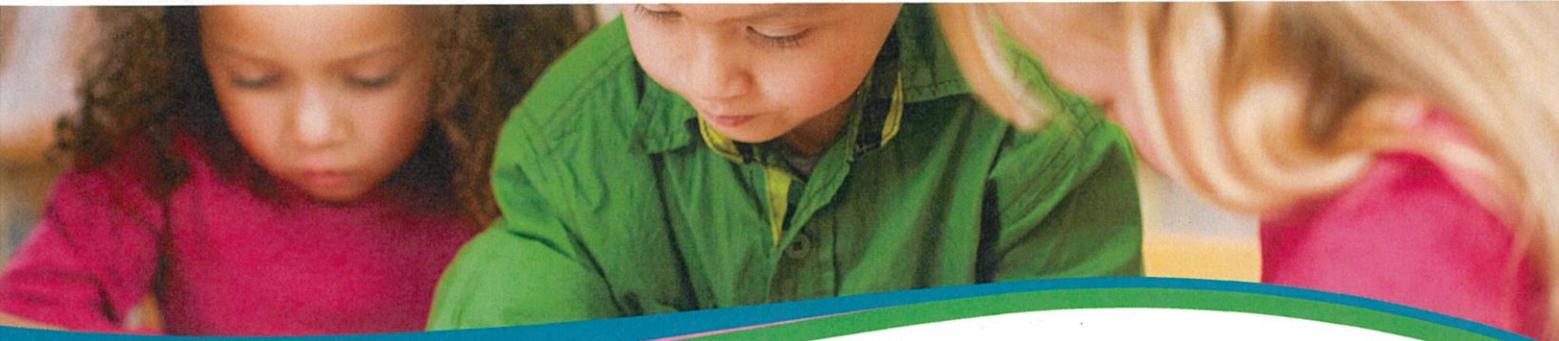


1. Create an indoor picnic. Invite your children to join you for a "Book-nic." Prepare a lunch or snack and read out loud to each other while you enjoy your picnic.
2. Hold a "Reading Raffle." Cut a small stack of index cards in half lengthwise for raffle tickets. For every book read or you read to them, your children can fill out a raffle ticket. The ticket must include the reader's name and the title of the book. Collect the tickets in a box. Everyone in the family can participate. Once a month, hold a drawing for the winning prize. Prizes might include a gift certificate to Baskin Robbins, a favorite dinner or dessert dish or chore relief. The more your children read the better their chances of winning.
3. Have an older child read to a younger child. Read books over and over.
4. Create a special family time for reading. After dinner, pass a book around the table and read out loud to each other.
5. Set a reading time and don't change it. For example, every night at 7:00 p.m. have fifteen minutes of reading for everyone.
6. Read it and eat it. If you read a book that mentions a special food, your child will enjoy making or eating that type of food. For example, they might like to spread jam or bread snack after you read along "Bread for France" or "The Giant Jam Sandwich."
7. Make a book chain. After they read a book, your child writes the title of the book on a paper strip, then add to the chain. Keep the chain going until your child reaches a pre-determined goal. Can the chain reach from the ceiling to the floor?



80 SKILLS THAT HELP TO EASE KIDS TRANSITION INTO KINDERGARTEN

READING READINESS	LISTENING & SEQUENCING	Hop	Identifies other children by name
Remembers pictures from a printed page	Follows simple directions	Alternate feet walking downstairs	Can take care of toilet needs independently
Repeats a 6 to 8 word sentence	Pays attention	March	Cares for own belongings
Pretends to read (has been read to often)	Recognizes common sounds	Stand on one foot 10 seconds	Dresses self
Identifies own first-name in writing	Retells a simple story in sequence	Walk backwards for 5 feet	Brushes teeth
Attempts to print own first name	Repeats a sequence of sounds	Throw a ball	Can be away from parents for 2 to 3 hours
Answers questions about a short story	Repeats a sequence of numbers heard	Paste pictures on paper	Joins in family conversation
Looks at pictures and tells a story	SIZE, POSITION & DIRECTION	Clap hands	Carries a plate of food
Understands words are read left to right	Big and little	Button clothes	Maintains self-control
Familiar with the letters of the alphabet	Long and short	Build with blocks	Gets along well with others
Knows some nursery rhymes	Up and Down	Complete simple 5 piece puzzle or less	Talks easily
Knows the meaning of simple words	In and out	Draw or color beyond a simple scribble	Meets visitors without shyness
Understands day and night	TIME	Zip clothes	Puts toys away
Knows age and birthday	Front and back	Control pencil and crayon well	MY CHILD KNOWS...
RECOGNIZES COLORS & SHAPES	Over and under	Handle scissors	Body parts
Recognizes primary colors	Hot and cold	Cut and draw simple shapes	Own first name
Recognizes Triangles, circles, squares & rectangle	Empty and full	SOCIAL-EMOTIONAL	Own last name
NUMBERS	More and less	Expresses self verbally	Parents' names
Counts to 10	Fast and slow	Looks forward to going to school	Home address
Can count objects	Top and bottom	Recognizes authority	Home phone number
	MOTOR SKILLS	Shares with others	When to use a handkerchief
	Run	Helps with family chores	Own sex
	Walk a straight line	Works independently	
	Jump		



DoDEA Comprehensive Preschool Sure Start Program

Sure Start is an exemplary, research-based preschool program that serves four-year-old dependents of military service members and civilian equivalent and their families living overseas. In addition to offering a high-quality educational program that reflects best practices in the field, Sure Start also provides health and nutrition, social services, and parent involvement components. These four comprehensive components support the healthy growth and development of children and their families.

Sure Start Program Components

Education: Thoughtful and intentional planning of the learning environment with focused learning experiences that are developmentally appropriate.

Health and Nutrition: Medical, Dental and Educational Screenings for enrolled students as well as nutritious lunches and snacks at no cost to families.

Social Services: Established outreach partnerships with community support programs to improve the condition and quality of family life.

Parent Involvement: Families of enrolled students are required to participate in parent meetings, classroom learning experiences, and parent-teacher conferences which include home visits.

Sure Start Eligibility:

Priority is given to children whose sponsor's rank is in the E1 to E4 or GS1 to GS4 or *Non Appropriated Fund (NAF), NAF1 or NAF2 range, living and working at military installations overseas. Any sponsor whose rank is E5 to E9 or GS5 to GS8 or NAF3 - NAF4, rank equivalent*, who wishes to apply for the program, is eligible to do so –with the understanding that priority is given to students whose sponsor is the first eligibility category. Student must be 4 years old by September 1, 2020 to be eligible.

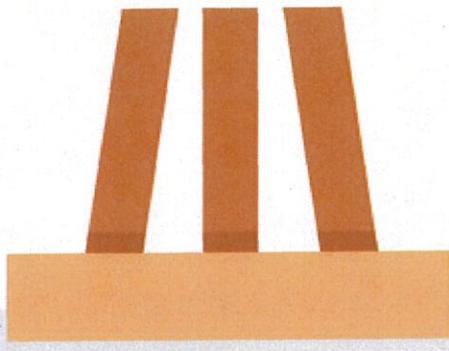
School Information:

MC Perry Elementary

DSN: 253-3327

Please email all applications/questions to:

jaquelin.leonhardt@student.dodea.edu



There's Magic in Those Virtual Lessons!
A Note From The Art Teacher, Mr. Mokolke.

Every now and then during one of the art lessons a sheet of paper, a pair of scissors, a glue stick - or something - magically appears from somewhere and lands in the students' hands. I've always been convinced that we artists are really creative - something like magicians - but I wonder if those magically-appearing things are from a mom - or dad - who is keeping an ear and maybe even an eye on what's going on. Thank you and think twice before you throw away some possible useful item that can be creatively used. You never know what magic we can perform with them! You do have more space on your walls, don't you? If not, I hear that an extra fridge really comes in handy.

