

WELCOME TO CHALLENGER

**PARENT ORIENTATION
FOR 2025-2026 KINDERGARTENERS**

**MARCH 5, 2025
5:00 PM**

WHO CAN HELP?

PRINCIPAL: JENNIFER KESSLER

DEAN OF STUDENTS: TABITHA DORN

PRINCIPAL'S ASSISTANT: HEATHER WOLTER

OFFICE PROFESSIONAL: MONIKA MAC DONALD

SCHOOL NURSE: SHELBY BOEHM

FAMILY PARTNER LIAISON: WENLI MITHAL

PTSA CO-PRESIDENTS: NICOLE RAEGAN/KYLEE HATCH

COMET CLUB: AMBER OAKES/JENNY LENTZ

STATE FUNDED FULL DAY KINDERGARTEN

- **NO COST TO FAMILIES**
- **MAXIMUM LEARNING OPPORTUNITIES FOR STUDENTS**
- **DEVELOPMENTALLY APPROPRIATE AND STUDENT CENTERED**
- **BASED ON RIGOROUS STANDARDS**
- **PARTICIPATION IN PE, MUSIC, LIBRARY**
- **PARENTS MAY OPT FOR HALF-DAY**
 - **STUDENT WILL BE PLACED IN FULL-DAY CLASSROOM IN THE MORNING FOR 3 HOURS**

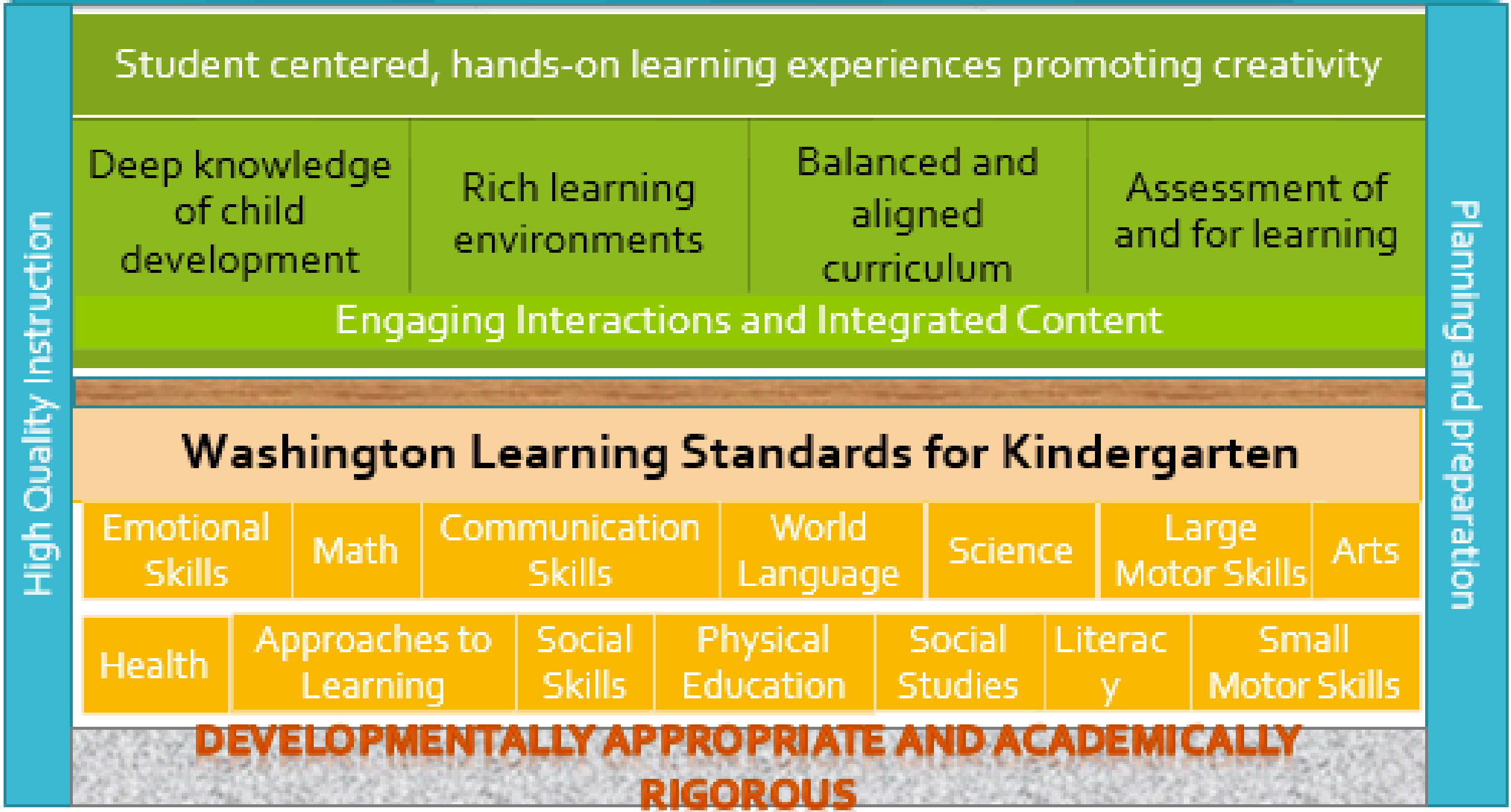
DUAL LANGUAGE KINDERGARTEN PROGRAM

- **SPANISH/ENGLISH 50:50**
- **CLASSES OFFERED AT ISSAQUAH VALLEY ELEMENTARY (IVE)**
- **NO TRANSPORTATION PROVIDED**
- **PRIORITY GIVEN TO STUDENTS ALREADY AT IVE**
- **IT IS NOT LIKELY THAT THERE WILL BE OPENINGS FOR ANY CHALLENGER STUDENTS. THERE IS A LOTTERY FOR ENROLLMENT. APPLICATIONS ARE DUE BY MARCH 28, 2025 @ 4:30 P.M.**
- **LOTTERY HELD IN APRIL 2025 AT DISTRICT ADMIN. BUILDING**
- **APPLICATIONS ARE AVAILABLE ON THE DISTRICT WEBSITE**

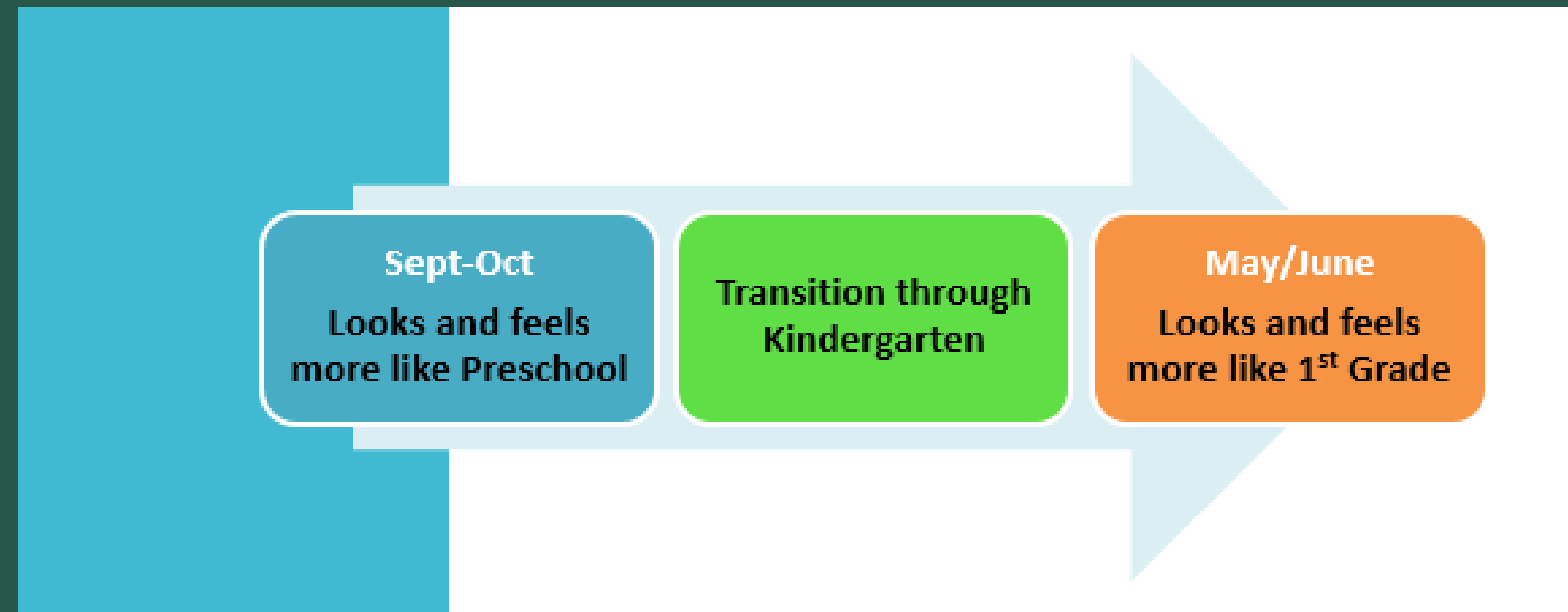


Full-Day Kindergarten

Every student, every classroom, every day



KINDERGARTEN IS A TRANSITION YEAR



FROM NOW UNTIL AUGUST...

- SIGN UP FOR ISSAQUAH SCHOOL DISTRICT AND CHALLENGER WEEKLY BULLETINS
- FOLLOW US ON INSTAGRAM @ CHALLENGER_COMETS
- ONLINE REGISTRATION (UPLOAD REQUIRED DOCUMENTS)
- PART 2 OF THE REGISTRATION PACKET HANDED OUT TONIGHT AND DROPPED OFF AT CHALLENGER
- PRE-K SCREENING (MAY 28). SIGN UP IN OFFICE WHEN YOU DROP OFF/COMPLETE REGISTRATION.
- SIGN UP FOR COMET CLUB OR FIND AN ALTERNATE CHILDCARE PLAN.
- MEDICATIONS TURNED IN TO THE HEALTH ROOM MID-AUGUST.

SAVE THE DATE

KINDERGARTEN SCHOOL TOUR
WEDNESDAY, MAY 7, 2025
3:00–3:30 P.M.

*DETAILS EMAILED SOON.



FAMILY CONNECTION MEETING (AUGUST/SEPTEMBER)

- **FIRST 3 DAYS OF SCHOOL, CLASSROOM TEACHER MEETS WITH EACH KINDERGARTEN FAMILY (INCLUDING STUDENT)**
 - **AUGUST 28**
 - **AUGUST 29**
 - **SEPTEMBER 2**
- **CURRICULUM NIGHT (FOR PARENTS TBD)**
- **FIRST DAY OF SCHOOL FOR KINDERGARTENERS**
 - **SEPTEMBER 3 (WEDNESDAY)**

WHOLE-CHILD ASSESSMENT (SEPTEMBER AND OCTOBER)

- **KINDERGARTEN TEACHER OBSERVES CHILDREN DURING EVERYDAY CLASSROOM ACTIVITIES**
- **HELPS TEACHERS FIND OUT WHAT EACH CHILD KNOWS AND CAN DO AT THE BEGINNING OF THE YEAR**
- **INVENTORY TAKEN OF EACH CHILD'S DEVELOPING SKILLS IN SIX AREAS**
 - **SOCIAL-EMOTIONAL**
 - **PHYSICAL**
 - **COGNITIVE**
 - **LANGUAGE**
 - **LITERACY**
 - **MATHEMATICS**

SEPTEMBER/OCTOBER

WASHINGTON KINDERGARTEN INVENTORY OF DEVELOPING SKILLS (WAKIDS) IS A REQUIRED COMPONENT OF STATE-FUNDED FULL DAY KINDERGARTEN. IT IS A TRANSITION PROCESS THAT HELPS TO ENSURE A SUCCESSFUL START TO KINDERGARTEN AND BEYOND.



**ISSAQUAH
SCHOOL DISTRICT 411**

NEED HELP WITH KINDERGARTEN FORMS?

NEED HELP COMPLETING THESE FORMS? HAVE QUESTIONS? PLEASE EMAIL GILMOURL@ISSAQUAH.WEDNET.EDU AND A FAMILY PARTNERSHIP LIAISON WILL BE ABLE TO HELP ANSWER QUESTIONS OR SOMEONE FROM THE SCHOOL CAN CONTACT YOU WITH HELP OR ANSWERS.

SPANISH:

SI NECESITAS AYUDA LLENANDO ALGÚN FORMULARIO O TIENES ALGUNA PREGUNTA, POR FAVOR ENVÍA UN CORREO ELECTRÓNICO CAMPOSF@ISSAQUAH.WEDNET.EDU ALGUIEN DE LA ESCUELA TE CONTACTARA PARA AYUDARTE O RESPONDER A TUS PREGUNTAS.

CHINESE:

需要協助完成這些表格嗎？有其他問題嗎？請發電子郵件至(MITHALW@ISSAQUAH.WEDNET.EDU),將會有家長義工幫助回答問題, 或者是由學校的工作人員通過與您連系協助或答复您的問題。

FAMILY PARTNERSHIP LIAISONS

- **DISTRICT EMPLOYEES TO HELP SUPPORT FAMILIES NAVIGATE THE SCHOOL SYSTEM.**
- **ONLINE LINK TO REQUEST FOR HELP AND CONTACT INFORMATION ON CULTURAL AND FAMILY PARTNERSHIPS WEBPAGE**

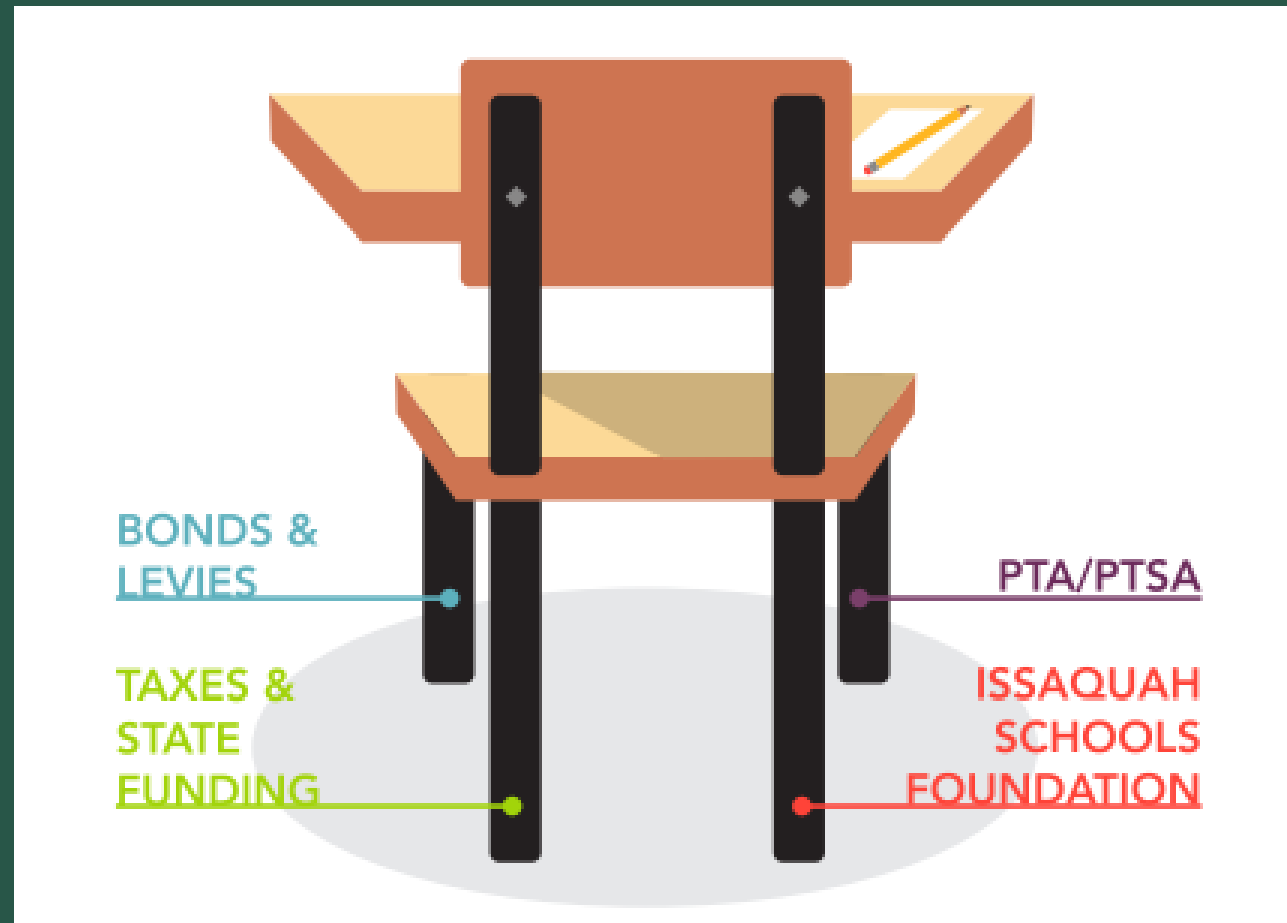
Cultural and Family Partnerships

The Issaquah School District supports students' success by supporting families.

To eliminate barriers and provide full access to all the educational opportunities in our district, we provide families supports such as Parent Workshops, access to Family Liaisons and resources to help staff better support our students and families.



HOW ARE SCHOOLS FUNDED?



- **BONDS & LEVIES: NEW SCHOOL CONSTRUCTION, RENOVATIONS, LAND PURCHASES. MUST BE APPROVED BY LOCAL VOTERS.**
- **TAXES & STATE FUNDING: STATE PAYS FOR BASIC EDUCATION WITH STATE SCHOOL LEVIES & TAXES; DOES NOT COVER EVERYTHING A DISTRICT NEEDS TO OPERATE**
- **PTSA: NON-PROFIT GROUP THAT RAISES MONEY TO FUND RECESS EQUIPMENT, LIBRARY BOOKS, CULTURAL ACTIVITIES, ASSEMBLIES & MORE.**
- **ISF: SUPPORTS PROGRAMS THAT BENEFIT ALL ISSAQUAH SCHOOL DISTRICT STUDENTS INCLUDING TEACHER AND SCHOOL GRANTS.**

**IMMUNIZATIONS &
LIFE-THREATENING HEALTH CONDITIONS
REQUIREMENTS FOR INCOMING STUDENTS**

2025-2026 SCHOOL YEAR

PROOF OF IMMUNIZATION REQUIRED

- **NEW STUDENTS NEED TO PROVIDE A MEDICALLY VERIFIED IMMUNIZATION RECORD AT THE TIME OF REGISTRATION.**

A MEDICALLY VERIFIED RECORD CAN COME DIRECTLY FROM:

- **THE WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM (WAIIS).**
- **A MEDICAL CLINIC OR OFFICE WHERE IMMUNIZATIONS WERE GIVEN**
- **PHARMACY RECORDS OF IMMUNIZATIONS GIVEN**
- **ANOTHER STATE'S OR COUNTRY'S FORMAL IMMUNIZATION DATABASE**
- **IMMUNIZATIONS VERIFIED BY THE STATE DEPT.**

CIS OR WAIS DOCUMENTATION

- A COMPLETED CERTIFICATE OF IMMUNIZATION STATUS (CIS) PRINTED DIRECTLY FROM THE WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM (WAIS)

- A PHYSICAL COPY OF THE STATE CIS FORM WITH A HEALTHCARE PROVIDER SIGNATURE.

- A CIS PRINTED FROM MYIR. WA.MYIR.NET OR MYIRMOBILE.COM

Washington State Health **Certificate of Immunization Status (CIS)** Revised by: _____ Date: _____
Signed CIS or P&T Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

I give permission for my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Conditional States Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

_____ Date: _____ _____ Date: _____
Parent/Guardian Signature (Required if Residing in Conditional Status)

| Required for School / Required for Child Care Provider | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
|---|----------|----------|----------|----------|----------|----------|
| Required Vaccines for School or Child Care Entry | | | | | | |
| <input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis) | | | | | | |
| <input type="checkbox"/> DTaP (Tetanus, Diphtheria, Pertussis) (grade 7) | | | | | | |
| <input type="checkbox"/> DT or Td (Tetanus, Diphtheria) | | | | | | |
| <input type="checkbox"/> Hepatitis B | | | | | | |
| <input type="checkbox"/> MM (Measles, mumps, rubella) | | | | | | |
| <input type="checkbox"/> MM, OPV (Polio) (any combination of OPV/OPV) | | | | | | |
| <input type="checkbox"/> OPV (Polio) | | | | | | |
| <input type="checkbox"/> MMMR (Measles, Mumps, Rubella) | | | | | | |
| <input type="checkbox"/> MM, OPV, OPV (Polio) | | | | | | |
| <input type="checkbox"/> Varicella (Chickenpox) | | | | | | |
| <input type="checkbox"/> History of disease verified by DR | | | | | | |
| Recommended Vaccines (Not Required for School or Child Care Entry) | | | | | | |
| COVID-19 | | | | | | |
| Flu (Influenza) | | | | | | |
| Hepatitis A | | | | | | |
| HPV (Human Papillomavirus) | | | | | | |
| MM, Y, MM, OPV (Measles, mumps, rubella, tetanus, diphtheria, pertussis) | | | | | | |
| Mening (Meningococcal Disease type B) | | | | | | |
| Rabies | | | | | | |

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or was shown immunity by blood test (titer), it must be verified by a health care provider.

I verify that the child named on this CIS has:

- A verified history of varicella (chickenpox) disease.
- Laboratory evidence of immunity (titer) to disease(s) marked below.

Diphtheria Hepatitis A Hepatitis B

MM Measles Mumps

Rubella Tetanus Varicella

(Polio (all 3 serotypes) must show immunity)

Licensed Health Care Provider Signature Date: _____

Printed Name

I certify that the information provided on this form is correct and verifiable. Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

REQUIRED IMMUNIZATIONS FOR K-6 STUDENTS

•5 DOSES OF DTAP (DIPHThERIA, TETANUS & PERTUSSIS) GIVEN IN THE APPROPRIATE TIME FRAMES

•1 TDAP FOR STUDENTS 7TH GRADE AND ABOVE

•3 DOSES OF HEPATITIS B, GIVEN IN THE APPROPRIATE TIME FRAMES

•4 DOSES OF POLIO (IPV) GIVEN IN A SPECIFIC TIME FRAMES

•2 DOSES OF MMR (MEASLES, MUMPS AND RUBELLA) GIVEN IN THE APPROPRIATE TIME FRAMES

•2 DOSES OF VARICELLA GIVEN IN THE APPROPRIATE TIME FRAMES

MISSING DOSES

•IF STUDENTS ARE MISSING DOSES, THEY WILL NEED TO GET ALL THE DOSES THEY ARE ELIGIBLE TO RECEIVE BEFORE STARTING SCHOOL.

•THEY CAN THEN ATTEND SCHOOL IN A CONDITIONAL STATUS UNTIL THE MINIMUM VALID DATE OF THE NEXT VACCINE IS REACHED.

•THEY THEN HAVE 30 CALENDAR DAYS TO TURN IN DOCUMENTATION OF HAVING RECEIVED THE DOSE.

•THIS CONTINUES ON UNTIL ALL VACCINES HAVE BEEN ADMINISTERED AND DOCUMENTED.



EXAMPLE

•IF A CHILD HAS ALL THEIR IMMUNIZATIONS EXCEPT THE 2-DOSE MMR SERIES, AND THEY GET DOSE 1 OF MMR THE DAY BEFORE SCHOOL STARTS (AND IT IS DOCUMENTED WITH THE SCHOOL THAT DAY) THE CHILD CAN ENTER SCHOOL BECAUSE...

•DOSE 2 OF THE MMR CANNOT BE GIVEN UNTIL 28 DAYS AFTER THE FIRST DOSE.

•BEGINNING ON DAY 29 AFTER THE FIRST DOSE, THE CHILD HAS 30 DAYS TO GET MMR DOSE #2.




EXCEPTIONS

PARENT AND CHILD'S PROVIDER SIGNATURES

- MEDICAL EXEMPTION
- PHILOSOPHICAL/PERSONAL EXEMPTION EXCEPT MMR
- RELIGIOUS EXEMPTION

RELIGION RESTRICTING CARE FROM MEDICAL PROFESSIONAL

- RELIGIOUS MEMBERSHIP EXEMPTION

 **Certificate of Exemption—Personal/Religious**
For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption
I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

| | | | |
|---|---|----------------------------------|---|
| PERSONAL/PHILOSOPHICAL EXEMPTION* | | | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <small>*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law</small> | | | |
| RELIGIOUS EXEMPTION | | | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration
One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____
Parent/Guardian Name (print) Parent/Guardian Signature Date

Health Care Practitioner Declaration
I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X _____
Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION
Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration
I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____
Parent/Guardian Name (print) Parent/Guardian Signature Date

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711). DOH-348-106 October 2019

IS MY KINDERGARTENER TOO YOUNG?

CHILDREN CAN RECEIVE THEIR SCHOOL IMMUNIZATIONS AT AGE 4. CONTACT YOUR HEALTHCARE PROVIDER TO SCHEDULE YOUR APPOINTMENT.



WHERE CAN I GET MY CHILD IMMUNIZED?

- **YOUR CHILD'S HEALTHCARE PROVIDER**
- **WITHINREACH, FAMILY HEALTH HOTLINE:
800-322-2588
[HTTP://WWW.WITHINREACHWA.ORG/](http://www.withinreachwa.org/)**
- **COMMUNITY HEALTH ACCESS PROGRAM:
206-284-0331 OR 800-756-5437**

[HTTPS://KINGCOUNTY.GOV/EN/DEPT/DPH/HEALTH-SAFETY/HEALTHCENTERS-PROGRAMS-SERVICES/ACCESS-OUTREACH-PROGRAM/COMMUNITY-HEALTH-ACCESS-PROGRAM](https://kingcounty.gov/en/dept/dph/health-safety/healthcenters-programs-services/access-outreach-program/community-health-access-program)

- **YOUR SCHOOL NURSE IS A RESOURCE FOR YOU IF YOU NEED ASSISTANCE**

SUMMARY OF IMMUNIZATION INFORMATION

•WASHINGTON STATE LAW STATES THAT YOUR STUDENT MAY REGISTER FOR SCHOOL, BUT MAY NOT ATTEND SCHOOL UNTIL PROVIDER-VERIFIED IMMUNIZATIONS HAVE BEEN RECEIVED AND VALIDATED BY THE SCHOOL NURSE.

•THE CHILD MUST HAVE ALL IMMUNIZATIONS THEY ARE ELIGIBLE TO RECEIVE PRIOR TO STARTING SCHOOL.

•OR THERE IS A CERTIFICATE OF EXEMPTION ON FILE SIGNED BY THE PARENT AND THE LICENSED HEALTHCARE PROVIDER.

PLEASE NOTIFY THE SCHOOL IF YOUR CHILD HAS A LIFE-THREATENING HEALTH CONDITION SUCH AS:

- **ALLERGY REQUIRING AN EPIPEN**
- **INSULIN-DEPENDENT DIABETES**
- **SEVERE ASTHMA**
- **A SEIZURE DISORDER**
- **A CARDIAC CONDITION**
- **ADRENAL INSUFFICIENCY**
- **OTHER CONDITIONS OF CONCERN**

WHY DOES THE SCHOOL NEED TO KNOW?

- **IF YOUR CHILD HAS A LIFE-THREATENING CONDITION, WA STATE LAW SAYS THERE MUST BE AN EMERGENCY CARE PLAN AND ANY ASSOCIATED MEDICATION IN PLACE IN THE SCHOOL BUILDING BEFORE THE CHILD CAN ATTEND SCHOOL.**
- **TO KEEP THE STUDENT SAFE IN THE EVENT THEY EXPERIENCE A MEDICAL EMERGENCY DURING THE SCHOOL DAY.**
- **IF YOUR CHILD HAS A LIFE-THREATENING CONDITION, NOTIFY THE NURSE IN YOUR CHILD'S SCHOOL**
 - **SCHOOL CARE PLAN SIGNED BY PROVIDER, PARENT AND RN**
 - **MEDICATION PRESCRIBED BY PROVIDER WITH ISD PAPERWORK**

QUESTIONS?

NURSE CONTACT INFO:

SHELBY BOEHM RN BSN

OFFICE: 425-837-7606

EMAIL: BOEHMS@ISSAQUAH.WEDNET.EDU

DAYS OF OPERATION

MONDAY – FRIDAY

SCHOOL BREAK SERVICES ARE AVAILABLE THROUGH A SEPARATE REGISTRATION PROCESS

PROGRAM HOURS

**6:30 AM – SCHOOL START
SCHOOL END – 6:30 PM**

THERE IS NO CARE PROVIDED DURING THE SCHOOL DAY FOR ½ DAY KINDERGARTEN STUDENTS.

LOCATIONS

ALL 16 ELEMENTARY SCHOOLS

SCHOOL AGE CARE

SERVING K-5 STUDENTS

THE BEFORE AND AFTER SCHOOL CARE PROGRAM (BASC) PROVIDES A POSITIVE ENVIRONMENT FOR CHILDREN TO GROW SOCIALLY, EMOTIONALLY, AND INTELLECTUALLY UNDER THE GUIDANCE OF OUR WELL-TRAINED TEAM. WE OFFER DIVERSE ACTIVITIES TO MEET THE INTERESTS AND SKILL LEVELS OF OUR PARTICIPANTS, INCLUDING STEM, COOPERATIVE GAMES, COMMUNITY SERVICE LEARNING, ART, AND COOKING. DURING OUT OF SCHOOL TIME, CHILDREN WILL BE ABLE TO ACCESS MANY AREAS OF OUR SCHOOLS, INCLUDING THE GYM, PLAYGROUND, AND MULTI-PURPOSE ROOM. IN ADDITION TO OUR WELL STOCKED CLUB ROOMS, WE PROVIDE A DESIGNATED HOMEWORK TIME, MORNING AND AFTERNOON SNACKS, FAMILY NIGHTS, ENRICHMENT ACTIVITIES, SCHOOL BREAK CARE, AND SUMMER DAY CAMPS.

REGISTRATION INFORMATION

WWW.ISD411.ORG

**PROGRAMS AND SERVICES ->
BEFORE AND AFTER SCHOOL CARE ->
REGISTRATION INFORMATION**

QUESTIONS?

**EMAIL NATHAN WINEGAR
WINEGARN@ISSAQUAH.WEDNET.EDU**



[CLICK HERE TO SIGN UP FOR THE COMET CLUB WAITING LIST](#)

QUESTIONS

&

ANSWERS

NEXT STEPS:

- **FINISH ONLINE ENROLLMENT (DEADLINE: APRIL 30)**
- **TURN IN REQUIRED DOCUMENTATION TO THE CHALLENGER OFFICE**
- **SIGN UP FOR THE PRE-KINDERGARTEN SCREENER ON MAY 28
(AFTER ENROLLMENT IS COMPLETE)**

THANK YOU FOR COMING.

**WE ARE EXCITED YOU ARE A PART
OF THE CHALLENGER FAMILY.**