Ritenour School District

Kindergarten Readiness Week

The Ritenour School District would like to help your child transition to kindergarten. We are offering pre-kindergarten programs for students who have <u>little or no</u> preschool experience and for students <u>with</u> preschool experience. The one-week program will expose students to entry-level kindergarten skills and ease the transition to kindergarten.

Parent/guardian is required to walk student into building every day.

July 28 - Aug. 1, 2025

HURRY! Space is Limited!

BENEFITS OF THE SUMMER EXPERIENCE

• Children become familiar with the school.
• Children interact with future classmates and teachers.
• Children will feel more comfortable leaving parents for the first time.
• Parents will be reassured about their child's transition.

When children are prepared for making the transition to kindergarten, they gain self confidence and are more likely to succeed.

Registration is required. If interested, please complete the registration form return to Betty Satterley at the Ritenour Administrative Center, 2420 Woodson Rd., St. Louis, Mo. 63114 or to any Ritenour elementary school office. For more information call (314) 493-6006.

1. My Child has <u>little or no</u> Preschool Experience

Choose a session time on Registration Form:
**8:30 - 11:30 a.m. <u>or</u> 12:30 - 3:30 p.m.
July 28 - Aug. 1, 2025**

If your child meets the following requirements and space is available, he/she is eligible to attend:

• My child has little or no preschool experience.
• My child has difficulty with transitions and separation from caregivers.
• My child can attend all sessions during the week of July 28 - Aug. 1.
• My child will have transportation to and from the program.

2. My Child <u>has</u> Preschool Experience

Choose a session time on Registration Form:
**8:30 - 11:30 a.m. <u>or</u> 12:30 - 3:30 p.m.
July 28 - Aug. 1, 2025**

If your child meets the following requirements and space is available, he/she is eligible to attend:

• My child has preschool experience.
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Registration Form

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PLEASE PRINT

Child's Name: _____

Parent(s) Name: _____

Home Address: _____

Telephone Number(s):_____

Email Address: _____

Name of preschool your child attended: _____

School your child will be attending for kindergarten: _____

❑ IEP (Please list services): _____

❑ Allergies (Please list): _____

❑ Other concerns or special needs:_____

_____

Please select the session below that best describes your child.

❑ **My Child has <u>little or no</u> Preschool Experience**

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