



Welcome

Discovery Elementary  
2025-2026 Kindergarten Information Night  
February 26, 2025  
5:00 pm

# Tonight's Agenda

- Kindergarten Overview: Kathy Keegan, Principal
- Registration: Angie Dutcher, Registrar
- Immunizations\Health Forms: Taimay Jones, School Nurse



# Kindergarten is a transition year

Sept-Oct  
Looks and feels more  
like preschool

Transition through  
Kindergarten

May/June  
Looks and feels  
more like 1<sup>st</sup> Grade

# What can we expect at the beginning of the year?

- Family Connection Meeting
  - Classroom teacher meets individually with each kindergarten family
- Whole-Child Assessment: September/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



# Half Day Option

- Parent may opt for half-day
  - Student will be placed in full-day classroom in the morning for 3 hours
  - Transportation is provided in the morning (if busing is provided), parents must transport at the end of the half-day

# Dual Language/ Spanish Immersion Program

## Dual Language/Spanish Immersion Program

The goal is to balance the number of students in each class who are native English speakers with those who are native Spanish speakers.

Fifty percent of the academic instruction will be given in English and fifty percent of the instruction in Spanish. Students are offered the same curriculum as their peers while also having the opportunity to learn a second language.

For more information visit:

[www.Issaquah.wednet.edu/academics/programs/DLIP](http://www.Issaquah.wednet.edu/academics/programs/DLIP)

# Kindergarten Assessments

- Assist in making appropriate class placement
- Determine eligibility for ISF Funded Pre-Kindergarten Summer Program

# How do I register?

If your child will be 5 years old by August 31, 2025 and you reside within the Discovery attendance area:

Step 1: Complete Online Application on ISD website

Step 2: Provide required documents during enrollment

Step 3: Complete the Required Forms in the packet you receive from Discovery

Step 4: Sign up for Kindergarten Assessment once you've completed the enrollment

# Required Documents

- **Proof of Birth Date:** Birth Certificate or passport must be provided
- **Proof of Residency:** Your signed lease or purchase agreement, and a power bill no more than 30 days old. (most current PSE bill)
- **Photo ID:** The person registering the child must be the legal parent/guardian listed on the registration form.
- **Immunizations:** <https://myirmobile.com/>

# How to Register

Registration is online: <https://www.isd411.org/>

On the top right, click on “Enrollment”

1. From the drop down menu click on “Kindergarten Registration” for information  
<https://www.isd411.org/programs-services/elementary-programs/kindergarten>
2. Click on “ISD New Student Enrollment website” enrollment links <https://www.isd411.org/enrollment/new-student-enrollment>
3. On right, click on “Begin New Student Enrollment”  
<https://www01.nwrdc.wa-k12.net/scripts/cgiip.exe/WService=wissaqus71/skyenroll.w>

\*For Existing or Returning families please use the links provided on the “New Student Enrollment page” to enroll through Family Access

**When:** Wednesday, March 12, 2025, from 6:30 to 8:00 pm

**Where:** Zoom – Presentations in English, Español and 中文 [Register for the event](#)

**Who:** All parents and caregivers of incoming kindergarten students 2025-2026.

**What:** Information will include:

- Kindergarten preparedness
- general school day schedule (lunch and recess)
- classroom general information
- transportation
- immunizations
- on-site before and after-school care program
- differences between school systems in the US vs some other countries



If you need interpretation in another language (한국어, 日本語, русский) or have any questions, please contact Lorna Gilmour [gilmourl@issaquah.wednet.edu](mailto:gilmourl@issaquah.wednet.edu) by Monday, March 10, 2025.

Family Partnership Team

# Family Partnership Liaisons



- Supports families new to the Issaquah School District
- Helps families navigate the school system
- Helps new families with registration process or enrollment verification process (interpretation to complete forms or to answer questions)
- Helps families find out about academic and financial resources available to students and families
- Helps facilitate events such as parent information night for culturally and linguistically diverse families.

**Please contact a Family Partnership Liaison or the school office if you need help completing any of the registration forms or if you have questions about the school.**

For more information: <https://www.issaquah.wednet.edu/family/cultural-and-family-partnerships>

**Liliana Medina (Español)**

Family Partnership Liaison

425-837-7141

[MedinaL@issaquah.wednet.edu](mailto:MedinaL@issaquah.wednet.edu)

**Wenli Mithal (中文)**

Family Partnership Liaison

425-837-7106

[MithalW@issaquah.wednet.edu](mailto:MithalW@issaquah.wednet.edu)

**Ina Ghangurde (Marathi, Hindi)**

Family Partnership Liaison

425-837-7008

[Ghangurdel@issaquah.wednet.edu](mailto:Ghangurdel@issaquah.wednet.edu)



### We can help you in your language!

Please let us know if you need an interpreter or a document translated into your language—at no cost to you.

English

### ¡Podemos brindarle asistencia en español!

Por favor háganos saber si necesita un intérprete o un documento traducido a su idioma. Este servicio es gratuito.

Spanish

### Мы можем помочь вам с переводом на русский язык!

Сообщите нам, если вам нужен устный перевод или перевод документа на ваш язык—бесплатно для вас.

Russian

### Chúng tôi có thể giúp quý vị bằng tiếng Việt!

Xin cho chúng tôi biết nếu quý vị cần thông dịch viên hay cần phiên dịch tài liệu qua ngôn ngữ của quý vị—được miễn phí.

Vietnamese

### 我們可以用中文向您提 供幫助！

請告訴我們您是否需要我們向您提供免費口譯員服務或將文件翻譯成您使用的語言。

Chinese

### Waxaan kugu caawin karna Soomaaliga!

Fadlan noo sheeg haddii aad u baahan tahay turjubaan ama in dokumeentiga laguugu turjubaano luqaddaada—iyadoo aanay wax kharash ah kaaga bixin.

Somali

### Ми можемо надати вам інформацію українською мовою!

Якщо вам потрібен перекладач або переклад того чи іншого документу українською мовою, просимо повідомити нам про це—послуга безкоштовна.

Ukrainian

### يمكننا مساعدتك باللغة العربية!

يرجى إعلامنا إذا ما كنت بحاجة إلى مترجم فوري أو إلى ترجمة مستند إلى لغتك، دون تكلفة عليك.

Arabic

## Completing forms and communicating with the school

Please let any school  
staff know if you need  
help completing forms  
or if you have questions.

# Immunizations & Life-Threatening Health Conditions

*Requirements for Incoming Students*

**2025-26 School Year**

# Proof of Immunization Required

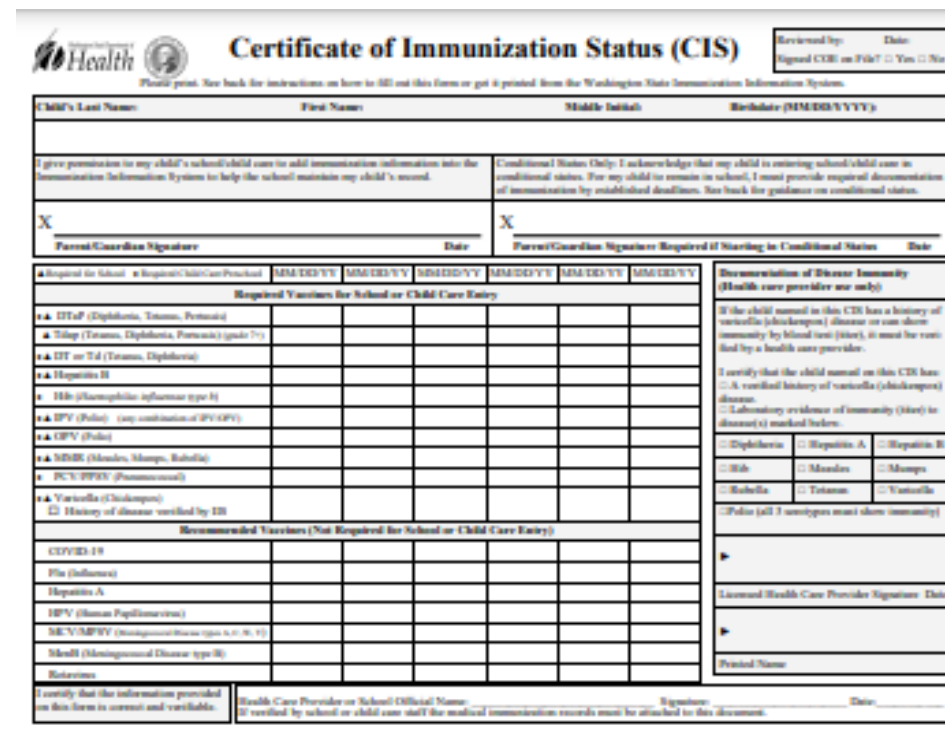
New students need to provide a **medically verified immunization record** at the time of registration.

A medically verified record can come directly from:

- The **W**ashington **S**tate Immunization Information **S**ystem (**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**



**Certificate of Immunization Status (CIS)**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed CIS: on File? ☐ 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:	Birthday (MM/DD/YYYY):
I give permission to 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 Status 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.		<input checked="" type="checkbox"/>	
Parent/Guardian Signature: _____ Date: _____		Parent/Guardian Signature Required if Starting in Conditional Status: _____ Date: _____	

Required for School	Required for Child Care Entry	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							
••• DTaP (Diphtheria, Tetanus, Pertussis)							
••• Tdap (Tetanus, Diphtheria, Pertussis) (grade 7)							
••• DT or Td (Tetanus, Diphtheria)							
••• Hepatitis B							
• Hib (Haemophilus influenzae type b)							
••• IPV (Polio) (any combination of IPV/OPV)							
••• OPV (Polio)							
••• MMR (Measles, Mumps, Rubella)							
• PCV/PPSV (Pneumococcal)							
••• Varicella (Chickenpox)							
• History of disease verified by ID							
Recommended Vaccines (Not Required for School or Child Care Entry)							
••••• IPV (Polio)							
••••• Flu (Influenza)							
••••• Hepatitis A							
••••• HPV (Human Papillomavirus)							
••••• MCV/MPV (Meningococcal Disease types A, C, W, Y)							
••••• MMR (Measles/Mumps/Diphtheria type B)							
• Rotavirus							

**Documentation of Disease Immunity (Health care provider use only)**

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

I certify 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.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

☐ Polio (all 3 antigens 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
- 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 the 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.


# Exemptions

## 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)
*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law			
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 # \_\_\_\_\_

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**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 1-800-525-6127 (TDD/TTY Call 711). DON-348-106 October 2019

# Is My Child 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/>
- Community Health Access Program: 206-284-0331 or 800-756-5437  
<https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/access-outreach-program/community-health-access-program>
- Your school nurse is a resource for you if you need assistance

# Directions to Print CIS from WAIS

- Go to the site: <https://myirmobile.com/>
- Select "REGISTER" or "SIGN IN".
- Sign in or register as the parent then "ADD A CHILD". Enter the child's name, DOB, and the parent's phone number.
- Once the child is added they will appear on the sidebar. Click on the child's name to lower a drop-down menu. Click on "Immunizations".
- Once you see their immunizations, click on the link at the top of the page below the words "You can view your State Certificate(s) here. If available." The text on the link button reads "Go to Documents".
- Print to pdf and email or print a hard copy and provide in-person with other enrollment documents.

# 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.



# **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

# 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**.
- This is 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, let the school nurse know:
  - School Care Plan signed by provider, parent and RN
  - Medication prescribed by provider with ISD paperwork

# Questions?

## CONTACT THE DISCOVERY ELEMENTARY NURSE

- Taimay Jones, RN
- Office: **425-837-4042**
- Email: [jonest@issaquah.wednet.edu](mailto:jonest@issaquah.wednet.edu)



Coming This  
Spring

# New to ISD, Discovery & Kindergarten Information Night

# Before and After School Care



ISSAQUAH SCHOOL DISTRICT

## 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](http://www.isd411.org)

Programs and Services ->  
Before and After School Care ->  
Registration Information

## QUESTIONS?

Email Nathan Winegar  
[winegarn@Issaquah.wednet.edu](mailto:winegarn@Issaquah.wednet.edu)



# Contact Information

- Kathy Keegan [keegank@Issaquah.wednet.edu](mailto:keegank@Issaquah.wednet.edu) 425.837.4100
- Angie Dutcher [dutchera@issaquah.wednet.edu](mailto:dutchera@issaquah.wednet.edu) 425.837.4100
- Taimay Jones [jonest@Issaquah.wednet.edu](mailto:jonest@Issaquah.wednet.edu) 425.837.4042