

Fall Birthday?

GRAND  BLANC



YOUNG FIVES

at Grand Blanc Community Schools



**Will your child turn five between
September 1st & December 1st of this year?**

In accordance with state law, you must sign a waiver requesting the student be allowed to attend a Kindergarten Program in the state of Michigan.

Please flip for more info on back...

Why should parents/guardians of children with fall birthdays consider a Young Fives Kindergarten program for their child?

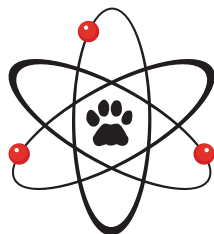
Most states, including Michigan, have a cut-off date stating children must be five by September 1st to begin Kindergarten. This policy is based on extensive research showing that most children are ready for Kindergarten across cognitive and social-emotional domains at five and a half years of age. Many children who turn five in summer or fall of their entry year may benefit from Young Fives programs.

Highlights of GBCS Young Fives:

- The goal of the Young Fives program at Grand Blanc Community Schools is to offer students the “gift of time” to prepare for a successful school experience. Young Fives serves as a bridge between preschool and Kindergarten.
- **Enrollment is limited!** Young Fives is designed for children who turn five between June 1st and December 1st. If there is a waiting list, priority is given to children with fall birthdays. Students are selected based on parent request and a district screening process.
- Young Fives is held at select elementary buildings depending on district and building enrollment demands.
- Young Fives places a greater emphasis on play and exploration, while developing core skills for reading, math, science and social-emotional development. Curriculum is focused on introduction and exploration, rather than mastery of Kindergarten skills and concepts.

Similarities between Kindergarten and Young Fives:

- Both are full-day programs
- They both provide opportunities for students to build social- emotional, academic and creative learning
- Both provide Music, Art, Physical Education, and Library
- Include lunch, recess, and all school assemblies
- Provide school-wide support services and resources
- Teachers in both Young Fives and Kindergarten are state-certified and specialize in early childhood educational teaching practices.



Young Fives is the first of a two-year kindergarten program.

It's a full-day program that follows the regular school calendar. Please indicate on the waiver if you would like your student to be considered for Young Fives placement. ***All students with fall birthdays will be considered as likely enrollees in the Young Fives program and will have priority on waiting lists.***

THE GRAND BLANC GRADUATE

HANDS

Constant pursuit of human ideals

Strives for continual betterment of self, community, world and has the ability to recognize the dignity of others

*#connection #purpose #citizenship #optimism
#socialintelligence #zest #bravery #fairness*

PORTRAIT OF A BOBCAT

LEGS

Emphasis on individuality and self-direction

Takes initiative in learning and life; adapts to the new and different; self-advocates; realizes own learning style and gifts

*#leadership #bravery #perseverance
#selfcontrol #prudence #fairness #teamwork*

HEAD

Dedication to the discovery of profound learning

Demonstrates creative thinking, critical thinking, curiosity and imagination

*#curiosity #openmindedness #creativity
#perspective #loveoflearning*

HEART

Exemplary model of character and judgment

Leads or participates in community projects; contributes to society; cares about others

*#integrity #enthusiasm #love #kindness
#gratitude #hope #purpose #forgiveness*

FEET

Global experience in life and living

Remains aware and active in global issues; connecting, collaborating & communicating with the world in healthy ways

*#citizenship #perspective #openmindedness
#bravery #zest #appreciationofbeauty*



**A Tradition
of Excellence**

www.gbcs.org

@gbcsbobcats

The mission of Grand Blanc Community Schools, the highest standard of academic and personal excellence, is to ensure all students actualize their own unique genius, freely and without fear, through an equitable system distinguished by:

- Dedication to the discovery of profound learning
- Exemplary models of character and judgment
- Commitment to inclusivity, accessibility, and belonging
- Global experiences in life and living
- Emphasis on individuality and self-direction
- Constant pursuit of human ideals



Grand Blanc Community Schools

11920 S. Saginaw
Grand Blanc, MI 48439

Kindergarten Waiver Request for 2026-27 School Year

According to Michigan Law, if a child residing in the Grand Blanc School District is not five years of age on September 1, 2026 but will be five years of age not later than December 1, 2026, the parent or legal guardian may enroll the child in kindergarten for the 2026-27 school year. Grand Blanc School District requires the parent or legal guardian to submit this written notification at the time of enrollment, indicating he or she intends to enroll the child in kindergarten.

The district may make a recommendation to the parent or legal guardian as to whether the child is ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district's recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1, 2026.

Student Name: _____ Date of Birth: _____

Verification of Age: ☐ Birth Certificate

☐ Government Record

(Check one)

☐ Court Record

☐ Citizenship Paper

Evidence of School Readiness (provided by parent):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Grand Blanc Schools Recommendation

☐ The building principal agrees with the recommendation of the parents to enroll in Kindergarten.

☐ The building principal recommends the child begin Kindergarten in **August** 2027 for the following reasons:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

School Administrator's Signature

Date



Help Your Child Succeed in School: Build the Habit of Good Attendance Early

DID YOU KNOW?

- Starting in preschool and kindergarten, too many absences can cause children to fall behind in school.
- Missing 10%, or about 2 days each month over the course of a school year, can make it harder to learn to read.
- Students can still fall behind if they miss just one or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences and tardiness can affect the whole classroom if the teacher has to slow down learning to help children catch up.

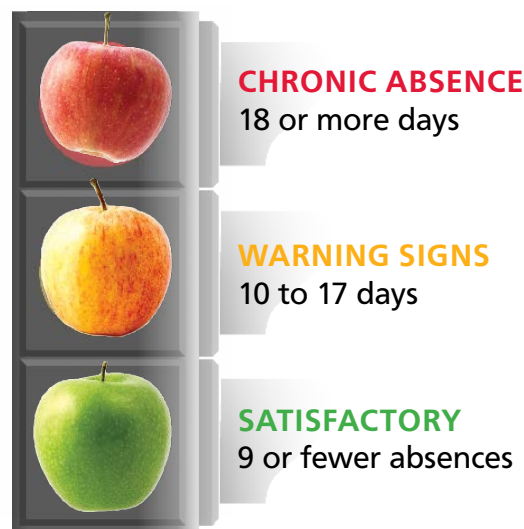
Attending school regularly helps children feel better about school—and themselves. Start building this habit in preschool so they learn right away that going to school on time, every day is important. Eventually good attendance will be a skill that will help them succeed in high school and college.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Lay out clothes and pack backpacks the night before.
- Keep your child healthy and make sure your child has the required shots.
- Introduce your children to their teachers and classmates before school starts.
- Develop backup plans for getting to school if something comes up. Call on a family member, a neighbor or another parent.
- Try to schedule non-urgent related medical appointments and extended trips when school isn't in session.
- If your child seems anxious about going to school, talk to teachers, school counselors and other parents for advice on how to make your child feel comfortable and excited about learning.
- If you are concerned that your child may have Covid-19, call your school for advice.
- If your child must stay home due to illness, ask the teacher for resources and ideas to continue learning at home.

Revised September 2023

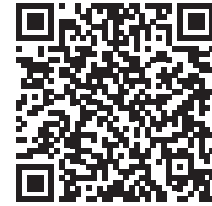
When Do Absences Become a Problem?



Note: These numbers assume a 180-day school year.



SCREENING SERVICES DAY!



Scan with device
for Kindergarten
Information and
to sign-up for
screenings!

A day of SCREENING SERVICES
for all Grand Blanc Community
Schools incoming Kindergarten
and Young 5s students!

JUNE 16, 2026

**9:00 AM to 4:00 PM
at Cook Elementary**

4433 E. Cook Rd.
Grand Blanc, MI 48439

Available Services:

- Free Dental Screenings
- Free Vision Screening
- Free Hearing Screening
- Sign up for Free Brigrance Testing
- Immunizations by appt.
and Immunization Records

LOW AND
NO-COST
SCREENINGS!

Sign up at www.gbcs.org/kindergarten!



11920 South Saginaw
Grand Blanc, MI 48439
Phone: (810) 591-6000
Fax: (810) 591-6018
www.gbcs.org

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Dear Parents/Guardians:

If your child has an allergy or special medical condition that could affect their learning environment, please check the appropriate box below and complete the attached paperwork. Once completed, please return this page and the attached form to the school office your child attends.

If you do not feel that your child's condition or allergy warrants a MMIA, please check the appropriate box below, sign and date this form, and return it to the office of the school your child attends.

☐ I would like my child, _____, to have a Medical Management Inventory Assessment completed. I have completed the attached forms.

☐ I do not feel my child, _____, needs a Medical Management Inventory Assessment completed above and beyond normal emergency procedures.

Date

Parent/Guardian Signature



Grand Blanc Community School District

Place
Student
Photo
Here

MEDICAL MANAGEMENT INVENTORY ASSESSMENT

Name	Birthdate (Month, Day, Year)	
Parent or Guardian	Home Phone	Work Phone
Physician	Phone	
Physician Signature	Date	
Teacher's Name	Student's Bus Number	

Diagnosis: _____

If your child has these conditions, please check:

- | | | |
|---|---|--|
| ☐ Epilepsy | ☐ Severe Allergies | ☐ Diabetes |
| ☐ Anaphylactic Shock | ☐ Severe Asthma | ☐ EpiPen Required |
| ☐ Blood Disorders | ☐ ADHD/ADD | ☐ Other _____ |

***A Specific **Medical Action Plan** related to above noted medical condition will be created by designated staff in collaboration with parents, child and physician if applicable. Information in the plan should be shared with appropriate school personnel.

Parent's Comments: _____

If a reaction does occur at school, please check off those actions that apply. Also, please indicate the order in which they should be done.

<u>Check</u>	<u>Order</u>		
☐	[]	Call 9-1-1	
☐	[]	Call parents/guardian	Home: _____ Work: _____
			Cell: _____ Pager: _____
☐	[]	Call this emergency contact	Name: _____
			Phone: _____
☐	[]	Administer Medication	

To request medication be administered at school (regularly or on an emergency basis) please complete the necessary form available in the school office.

Parent Signature: _____

Administrator Signature: _____

Date Received: _____

OFFICE USE ONLY

Based on information provide above, the following is recommended (*please check all that apply*):

- | | |
|--|---|
| ☐ No additional action and/or plan necessary | ☐ Food Allergy Plan |
| ☐ Medical Plan of Action | ☐ Referral to Special Services for additional support |
| ☐ 504 Plan | ☐ Other: _____ |

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

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
☐	☐	VISION Date: / /	Visual Acuity Muscle Imbalance Other:				☐	☐	HEIGHT & WEIGHT Other:	Height Weight Other:			
☐	☐	HEARING Date: / /	Audiometer Other:				☐	☐	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	 Reading: _____ Type: _____ Neg.: ☐ Pos.: ☐ mm			
☐	☐	URINALYSIS Date: / /	Sugar Albumin Microscopic				☐	☐	TUBERCULIN Date: / /				
☐	☐	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		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? ☐ Yes ☐ No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____		_____	_____
Health Professional's Signature		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:

☐	☐	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations		

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

_____ Dentist's Signature _____ / / Date

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature _____	_____ / / Date _____	_____ Examiner's Name (Print or Type) _____	_____ 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.

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.

REGIONAL ALLIANCE FOR HEALTHY SCHOOLS

Free Healthcare for anyone under 21



<https://umhs-rahs.org//services/health-care/#physicals>

Insurance & Fees

RAHS health services are intended for youth 21 years of age and younger. You do not need to be a registered student at these schools to receive services. We accept insured and uninsured patients, regardless of ability to pay.

Physical Health

- Asthma Care
- Immunizations
- Nutrition & Fitness
- Physicals
- STI & Pregnancy Testing
- Sick Visits

Behavioral Health

- Assessment
- Individual Therapy
- Family Therapy
- Group Therapy
- Wellness, Prevention, & Substance Use Programming

Support & Education

- Get Help
- Insurance
- LGBTQ Health
- Vision and Dental Services