PORT CHESTER PUBLIC SCHOOLS

Port Chester-Rye Union Free School District
113 Bowman Avenue, Port Chester, NY 10573

Corpus Christi-Holy Rosary School
135 South Regent Street, Port Chester, NY 10573

Winter, 2026

Dear Parents/Guardians,

We would like to invite you to enroll your child(ren) in the Port Chester-Rye UFSD Universal Pre-Kindergarten program (UPK). Attached you will find the registration packet for the 2026-2027 school year.

Please note that this is a State-funded, non-denominational program exclusively for Port Chester residents. The UPK program is a five-hour day, running from 8:15 a.m. to 1:15 p.m.

The Port Chester-Rye UFSD UPK program is administered and held at Corpus Christi–Holy Rosary School, our program partner. All students enrolled in the UPK program are expected to adhere to Corpus Christi–Holy Rosary School's code of conduct and daily rules and regulations.

All applications *must be submitted in person* at **135 South Regent Street in Port Chester, NY** between the hours of **3 PM - 6:00 PM between 1/21-1/23**. After that date please call the UPK Site Operations Director to make an appointment. **Please note that you are required to bring your enrolling child(ren) when submitting your application. If you need to make alternate arrangements for registration,** please contact **Gloria Guerra, UPK Site Operations,** at **914-937-4407** to discuss.

You **must** bring with you the **COMPLETED** forms listed below as well as any copies of required documents:

- ☐ Housing Questionnaire Form **(original, required, to be filled out at in-person registration)**
- ☐ Birth Certificate or other proof of birth **(copy, required)**
- ☐ Photo ID of Parents/Guardians **(copy, required)**
- ☐ Health Certificate Appraisal Form [Completed by a Physician] **(original, required)**
- ☐ Most recent immunization record(s) **(copy, required)**
- ☐ Photography/Video OPT-OUT Form **(original, required)**
- ☐ Schools Based Health Center Form **(original, optional)**
- ☐ NYS Dental Health Certificate [Form D-2] **(original, optional)**
- ☐ Proof of Residency **(copy, required)** [examples below]:
  - Residential lease, mortgage, or deed
  - A statement from a landlord
  - A statement from a third party that establishes your presence in the Port Chester-Rye UFSD (e.g. police officer, clergy person, social worker, etc)

Please also submit a **copy** of **at least one** additional relevant evidence (examples below):

- Income tax form
- Pay stub
- Utility or other bills
- Membership documents based upon residency (e.g., library cards)

- Voter registration document(s)
- Other identification documents issued by federal, state, or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- Evidence of custody of the child(ren) in question, including, but not limited to, judicial custody or order or guardianship documentation

Registration will be handled in alphabetical order for the first week and must be done in-person (see registration packet for full details).

First week registration schedule:
January 21, 2026 - Registration opens for students whose last name begins with A - I
January 22, 2026 - Registration opens for students whose last name begins with J - R
January 23, 2026 - Registration opens for students whose last name begins with S - Z

After January 23, 2026, (and when the UPK is in session) registration is open to all eligible Port Chester residents by appointment ONLY at 135 South Regent Street in Port Chester, NY. To make an appointment call Ms. Gloria Guerra at 914-937-4407.

If needed, all lottery information is on our UPK website (www.portchesterschools.org/district/upk) under 'Important Links'. Parents/Guardians will be notified of child placements in August, 2026 once they have been determined.

Most importantly, we can't wait to meet your child(ren)!

Warmly,

Mrs. Deirdre McDermott
Principal of Corpus Christi-Holy Rosary School

Dr. Katherine Sinsabaugh
Supervisor of UPK

PORT CHESTER PUBLIC SCHOOLS

Port Chester-Rye Union Free School District
113 Bowman Avenue, Port Chester, NY 10573

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135 South Regent Street, Port Chester, NY 10573

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female ☐ Non-binary

Date of Birth: ____/____/____ (Month Day Year)

Grade: ____ (preschool-12)

ID#: _____ (optional)

Address: _____

Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (*Please check <u>one</u> box.*)

☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

_____ _____

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____

Date

If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

<u>NOTE TO SCHOOLS/LEAS:</u> If the student is **<u>NOT</u>** living in permanent housing, please ensure that a Designation Form is completed.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")"

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

Port Chester – Rye Union Free School District

Student Information

Name: First	Middle		Last
Birthdate: ____ / ___ / ____ month day year	Street		City
____Male _____Female	Place of Birth: City	State	Country
Main Telephone:		Other (Cell):	
Entering Grade: UPK	Parent/Guardian Name:		
Is the student Hispanic or Latino?	☐ Yes, Hispanic or Latino	☐ No, not Hispanic or Latino	
Select one of more races from the following 5 racial groups.	☐ White: A person having origins in any of the original peoples of Europe, Spain, North Africa, or the Middle East.	☐ Black: A person having origins in any of the black racial groups of Africa.	☐ Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.	☐ Native American Indian or Native Alaskan: A person having origins in any of the original peoples of North America and South America (including Central America) and **WHO DERIVES TRIBAL AFFILIATION OR ATTACHMENT IDENTIFICATION THROUGH TRIBAL e.g. CHEROKEE, MOHAWK, INUIT, MAYAN,INCA,**(but not limited to those listed).	
Child's Physician:	Name Address		Phone
Emergency Contact: (if parent not available)	Name	Phone	Relationship
	Name	Phone	Relationship

Parent/Guardian Information:	Mother/Guardian #1	Father/Guardian #2
Relationship to Student		
Last Name		
First Name		
Middle Name		
Street Address		
City		
State		
Zip		
Main Telephone		
Cell Phone		
E-mail address		

	Name	Relationship to UPK Student	Gender	Birthdate (mm/dd/yy)	School
Siblings of UPK student living at home:					

Note: All requested documentation must be received before registration is considered complete

I certify that all of the information above is true and accurate as of this date.

I understand and consent to permitting my directory and contact information to be used by the school to keep me informed of school related matters.

Parent/Guardian Signature _____ Date _____

Port Chester-Rye Union Free School District

113 Bowman Avenue
Port Chester, New York 10573
914.934.7925
www.portchesterschools.org

SEE ATTACHED

New York State Immunization Requirements for School Entrance/Attendance

Students presenting without documentation of receiving any, or an insufficient number of, immunizations or proof of immunity may be permitted a grace period to attend school for not more than 14 calendar days; which may be extended to not more than 30 calendar days for an individual student who is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence of immunization. (10NYCRR 66-4)

Students wishing to enroll in the Open Door Family Medical Center School Based Health Center for the purposes of obtaining immunizations can enroll with the site provider. Enrollment forms are available upon request.

Please send proof of immunization to the school nurse where your child will be attending school.

Proof of immunization must be any 1 of the 3 items listed below.

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
    - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have any questions or concerns about immunizations, please contact the school health office. Thank you.

Sincerely,

School Nurse

2025-26 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." Doses received before the minimum age or intervals shown on the schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in gradeless classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2]	**4 doses**	**5 doses or 4 doses** if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or **3 doses** if 7 years or older and the series was started at 1 year or older	**3 doses**	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3]		**Not applicable**	**1 dose** given after age 10 years	
Polio vaccine (IPV/OPV)[4]	**3 doses**	**4 doses or 3 doses** if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR)[5]	**1 dose**	**2 doses**		
Hepatitis B vaccine[6]	**3 doses**	**3 doses** or **2 doses** of **adult hepatitis B vaccine** (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 years through 15 years		
Varicella (Chickenpox) vaccine[7]	**1 dose**	**2 doses**		
Meningococcal conjugate vaccine (MenACWY)[8]		**Not applicable**	**Grades 7, 8, 9, 10 and 11: 1 dose**	**Grade 12: 2 doses or 1 dose** if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)[9]	**1 to 4 doses**	**Not applicable**		
Pneumococcal Conjugate vaccine (PCV)[10]	**1 to 4 doses**	**Not applicable**		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

   *Serological titers are never accepted for tetanus, diphtheria, pertussis, meningococcal, haemophilus influenzae type b, and pneumococcal diseases.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
   d. For further information, refer to the CDC Catch-Up Guidance for Children 4 Months through 6 Years of Age.
   e. For further information, refer to the CDC Catch-Up Guidance for Children 7 through 9 Years of Age.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 11: 10 years; minimum age for grade 12: 7 years).
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
   b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2025-26, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 11; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grade 12.
   c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
   d. For further information, refer to the CDC Catch-Up Guidance for Children 10 through 18 Years of Age.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
   e. For further information, refer to the CDC Catch-Up Guidance for Children 4 Months through 17 Years of Age.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 12: 10 years).
   a. One dose of meningococcal conjugate vaccine is required for students entering grades 7, 8, 9, 10 and 11.
   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.
   f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
   c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
   d. If one dose of vaccine was received at 24 months or older, no further doses are required.
   e. PCV is not required for children 5 years or older.
   f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age. *Depending on vaccine brand, schedule may change.

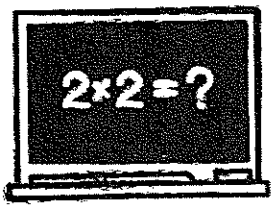
For further information, contact:

New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433



PARENTS: NYS School Vaccination Requirements Have Changed



Nonmedical exemptions to school vaccination requirements have ended for children attending day care and pre-K through 12th grade in New York State. This includes all public, private, and religious schools. Religious exemptions are no longer allowed.

Children with nonmedical exemptions must now be vaccinated to attend or remain in school.

Students who already have all required school vaccinations, and students with a valid medical exemption from a physician, are not affected by this change.

IMPORTANT VACCINATION DEADLINES:



- **Within 14 days of the first day of school or day care** – children must receive the first age-appropriate dose in each immunization series to attend or remain in school or day care.
- **Within 30 days after the first day of school or day care** – parents or guardians must show that they have appointments for the next required follow-up doses for their child. Deadlines for follow-up doses depend on the vaccine.

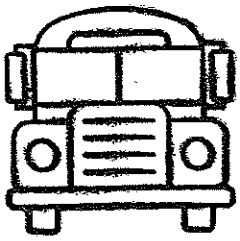
What vaccines does my child need?



Talk to your health care provider. Requirements will differ based on your child's age and any previous vaccinations.

Is it safe for my child to have more than one shot at a time?

Scientific data show that getting multiple vaccines at the same time is safe. It also means fewer doctor's office visits which can be less stressful for your child. Visit **health.ny.gov/vaccinesafety** to learn more.



Tips to help your child relax at their next shot visit:

www.cdc.gov/vaccines/parents/visit/less-stressful.html
www.cdc.gov/vaccines/parents/tools/tips-factsheet.pdf

NEW YORK STATE | Department of Health

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ **Allergies**	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ **Asthma**	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ **Seizures**	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ **Diabetes**	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors:Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

BMI_____kg/m2

Percentile (Weight Status Category): ☐ < 5th ☐ 5th- 49th ☐ 50th- 84th ☐ 85th- 94th ☐ 95th- 98th ☐ 99th and >

Hyperlipidemia: ☐ Yes ☐ Not Done **Hypertension:** ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K	Date
TB-PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/dL	
Sickle Cell Screen-PRN	☐	☐			

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine/Neck	☐ Skin	☐ Social Emotional
☐ Mental Health	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	**With Correction** ☐Yes ☐ No	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/	☐ Yes	☐
Color Perception Screening	☐ Pass ☐ Fail				☐

Notes

Hearing Screening: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes	☐

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes	☐

FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK

☐ ***Family cardiac history reviewed** – required for Dominic Murray Sudden Cardiac Arrest Prevention Act

☐ **Student may participate in all activities without restrictions.**

If Restrictions Apply – Complete the information below

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Other Accommodations*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

MEDICATIONS

☐ Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	**IMMUNIZATIONS**
☐ Confirmed free of communicable disease during exam	☐ Record Attached ☐ Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:	
Provider Name: *(please print)*	
Provider Address:	
Phone:	Fax:

Please Return This Form to Your Child's School Health Office When Completed.

Port Chester-Rye Union Free School District

113 Bowman Avenue
Port Chester, New York 10573
914.934.7925
www.portchesterschools.org

PHOTOGRAPHY/VIDEO OPT-OUT FORM

(Complete and return this form **ONLY IF YOU DO NOT GIVE PERMISSION** for your student to appear in school publicity images, yearbooks or videos, including postings on the school or district websites and social media.)

There are many activities and accomplishments that take place in our schools which the Port Chester-Rye Union Free School District feels are positive, newsworthy and of interest to the community. District representatives and program partners will, from time to time, use still photography or videography for the purpose of highlighting student achievements or chronicling classroom/school activities. Those images may be used in informational newsletters, school brochures, class pictures, yearbooks and other printed material published by the Port Chester-Rye Union Free School District and those acting under its permission. It is possible that those images might be used on school and/or district websites, social media accounts affiliated with the district and may also be submitted to the news media for possible publication.

If, for any reason, **you do not want** your child's likeness to be used by the Port Chester-Rye Union Free School District or by the news media for the purpose of positive publicity about school activities or student achievement, please fill out this form and return to your school office. A separate form is required for each child.

This form only applies to the current school year and to classroom activities or school events that are not already open to the public.

☐ I do NOT wish to have my child photographed/videotaped for news media or school publicity purposes.

Student's full name (please print)_____

School _____ Grade Universal Prekindergarten

Parent or guardian's name_____

Parents or guardian's signature_____ date_____

Please return the signed form to your school office.

Open Door Care Network

School Based Health Center Consent Form

PORT CHESTER PUBLIC SCHOOLS

Student Name:		Date of Birth:	
Address:		Zip Code:	

I give consent for my son/daughter to receive services at the Port Chester UFSD School Based Health Center. I authorize a provider or designated health professional to provide health services as follows.

- Routine physical exams
- Diagnosis and treatment of acute and chronic illness
- Treatment of minor injuries
- Vision and hearing screenings
- Immunizations
- Health education, counseling, and wellness promotion
- Nutrition education and weight management
- Preventative dental care (including screenings and treatment)
- Sports physicals
- Prescription medications
- Age appropriate reproductive health services, e.g., abstinence/family planning counseling, education, exams, pregnancy and STD testing, and referrals
- Mental Health/ Behavioral Health
- Referral for health care services which cannot be provided at the School Based Health Center.

I give permission for necessary medical tests, evaluations, and management of my child's medical care.
I consent to the exchange of health history between the school nurse, child's doctor, counselor, social worker at FSW or Guidance Center and any other medical professional that may be necessary for the health of my child. The student's health center record is electronic and will be maintained as a confidential medical record; it is not a school record. I also understand confidentiality will be observed between school staff and the student's using the Center.

I further authorize Open Door Care Network to release information regarding treatment to third party payers or other for purposes of billing and for any reason that may be required to comply with statutes or regulations in accordance with accepted medical practices.

I have read the above information and have had the opportunity to have any of my questions answered. I understand that this consent form will remain in effect as long as my child is enrolled in the Port Chester-Rye UFSD, unless I notify the Health Center in writing. I understand that I may revoke my consent at any time.

I also understand that this form will automatically expire when the student named above is no longer enrolled in school and residing in the Port Chester-Rye UFSD.

Signature of Parent or Legal Guardian	_____ Date: _____
Contact Information	Home Phone:
	Day Phone:
	Cell Phone:

Choose one:

A. I would like the SBHC to be my child's regular doctor (physical exams, sick visits, etc.) ☐ Yes

B. I have a regular doctor for my child and would like to use the SBHC for sick visits and other care, as needed ☐ Yes

The name of my child's regular doctor is: _____

I would like the SBHC to share medical records with my child's regular doctor ☐ Yes ☐ No

School:	Does your child have health insurance? ☐ Yes ☐ No
Grade:	If yes---name of insurance company:

PORT CHESTER
PUBLIC SCHOOLS

Port Chester-Rye Union Free School District
113 Bowman Avenue, Port Chester, NY 10573

Dr. Aurelia Henriquez
Superintendent of Schools

Dr. Colleen Carroll
Deputy Superintendent

PUPIL HEALTH INFORMATION

Student's Name_____ Sex: M ☐ F ☐ Grade_____
Last First Middle

Address_____ Telephone_____

Date of Birth_____

Guardian's 1_____ Cell #_____

Guardian's 2_____ Cell #_____

Emergency Contact Name_____ Cell #_____

Name of Student's Physician_____ Telephone #_____

Please check below (yes or no) any of the following health problems. If yes, give an approximate date.

Allergies (Please Specify)	_____	Serious Injuries	_____
	_____	Seizure Disorder	_____
Asthma	_____	Speech Problem	_____
Diabetes	_____	Surgery	_____
Current Medication	_____	Visual Loss	_____
Fractures	_____		
Hearing Loss	_____		
Heart Condition	_____	Other	_____

☐ My son/daughter is able to participate in all physical education and co-curricular activities.

☐ My son/daughter is not able to participate in physical education and co-curricular activities due to _____.

I understand a medical certificate will be required from my physician or health facility regarding this problem.

Date_____ Parent's Signature_____

Nita M. Lowey
CENTER FOR HEALTH IN SCHOOLS
OPEN DOOR FAMILY MEDICAL CENTER

Healthy Children for a Better Tomorrow

School Based Health Centers (SBHC) provide a full range of medical services, dental and behavioral health screenings, and care for students when they are sick – all within your child's school.

With a focus on prevention and wellness, children are healthy and ready to learn.

NO out of pocket costs No co-pays.
All insurances accepted. Uninsured welcome. Families are **NEVER BILLED FOR SERVICES.**

TIME SAVED

Eliminate time lost for doctor's office visits.
Missed time from work, traveling, sitting in waiting rooms.

National studies indicate that students **NOT enrolled** in a SBHC **lost 3x as much class time** as enrolled students.

SBHC staff know the students, school community and culture, addressing health and wellness from an inside perspective.

SBHCs help children and families take control of chronic conditions - like asthma - to **avoid emergency room visits.**

Open Door offers **insurance enrollment.**
Every child in NYS is eligible for **HEALTH INSURANCE.**

SBHC SERVICES

- Primary medical care (includes complete physical exams)
- Dental/oral health screenings and care
- Behavioral health screenings
- Sports physicals
- Immunizations
- First aid/sick care
- Laboratory tests
- Health education
- Referrals to specialty care
- Chronic illness care (includes asthma, diabetes, and weight management)
- Health insurance enrollment
- Prescriptions

HOW IT WORKS

- One time parental consent is required
- The SBHC can be your child's primary care provider (PCP)
- Each SBHC student will have an annual health check to keep care up to date
- Students who already have a PCP can still use SBHC services while at school

To enroll your child or to learn more, please scan the QR code.

After hours and on weekends:

(914) OD-CARES
(914) 632-2737

Thomas A. Edison Elementary School
132 Rectory Street,
Port Chester, NY 10573
914-939-1205

John F. Kennedy Elementary School
40 Olivia Street
Port Chester, NY 10573
914-939-1146

Park Avenue Elementary School
75 Park Avenue
Port Chester, NY 10573
914-934-2183

Port Chester High School
1 Tamarack Road
Port Chester, NY 10573
914-934-5211

Port Chester Middle School
113 Bowman Avenue
Rye Brook, NY 10573
914-939-1477

NYS Dental Health Certificate (Form D-2)

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1 ~ To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date ____/____/_____ | Sex: ☐ Male ☐ Female | Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School Name: | Grade:

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature_____ Date _____

Section 2 ~ To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's Name and Address (pls print or stamp)	Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here. ☐

Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify):_____

III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Code of Conduct
Corpus Christi-Holy Rosary School

Dear Parents/Guardians:

The standards, rules, and list of prohibited behaviors within this Code of Conduct are intended to maintain a mutually trusting and respectful relationship with the Corpus Christi-Holy Rosary School, students, their parents, teachers, guests, and visitors.

This code of conduct is essential for protecting (a) the long-term security of our lease with the Archdiocese of Westchester; (b) the smooth functioning of our school on a day-to-day basis; and (c) the long-term reputation and standing of our school within the wider Port Chester-Rye community in which the Corpus Christi-Holy Rosary UPK Program exists.
Corpus Christi-Holy Rosary School has defined a set of rules for our students that we feel are important for students to understand and for all involved to maintain.
Please go over these rules and review them with your child.

IN GENERAL:

- Respect the property of others and use program equipment, supplies, and facilities properly.
- Show respect to other participants, teachers, assistants, and other adults. Cooperate fully with their instructions and treat everyone with courtesy and consideration.
- When required to do so, use quiet voices, listening ears and helping hands.
- Always, play safe, not causing pain to another (i.e. hitting, kicking, biting, throwing objects, etc.)
- Communicate in an appropriate manner with others in the class.
- Walking Feet. Do not run in the hallways or on the stairs.
- Be careful when walking to the playground and using the equipment.

These rules will be enforced by a series of actions including:

1. Warning to the student
2. Phone call to the parents
3. Meeting with parents
4. Suspension or expulsion

My child and I both understand and agree to the CCHRS Code of Conduct.

_____	_____	_____
Student First and Last Name	Signature of Parent/Guardian	Date

My Child Through My Eyes - Questionnaire

Child Information

Child's full name: _____

Date of birth: _____

Preferred name/nickname: _____

Primary language spoken at home: _____

Other languages spoken: _____

Household Information

Parent/Guardian Name(s): _____

Relationship to child: _____

Address: _____

Phone: _____

Email: _____

Who lives in the household? (Please list all members and their ages)

_____

Daily Routine

What time does your child usually go to bed? _____

What time does your child usually wake up? _____

Does your child nap during the day? ☐ Yes ☐ No

If yes, when and for how long? _____

Does your child have any bedtime routines (e.g., reading, music)?

_____

Dietary Information

Does your child have any food allergies or dietary restrictions? ☐ Yes ☐ No

If yes, please describe: _____

Are there any foods your child particularly likes or dislikes?

Likes: _____ Dislikes: _____

Are there any cultural or religious dietary preferences we should know about?

_____

Social and Emotional Development

How does your child usually express feelings (happiness, frustration, sadness)?

_____

What comforts your child when upset? _____

Does your child separate easily from parents/caregivers? ☐ Yes ☐ No

If no, what helps ease transitions? _____

What activities does your child enjoy most (e.g., drawing, building, singing)?

_____

How does your child interact with other children? _____

Cognitive and Language Development

Can your child:

Recognize their name in print ☐ Yes ☐ No

Identify some letters or numbers ☐Yes ☐ No

Name basic colors or shapes ☐ Yes ☐ No

☐ Count to _____

What are some things your child is curious about or likes to talk about?

_____

Does your child enjoy being read to? ☐ Yes ☐ No
Favorite books or topics: _____

Additional Information

Is there anything else you'd like us to know to help your child have a successful start in Pre K? _____

Community Connections: Supporting Our UPK Families Together!

5 Steps to Five

Offers parent-child classes where bilingual teachers model simple and fun ways to nurture cognitive, verbal, emotional, and social skills. In addition to their weekly Saturday morning sessions, they also provide early literacy support, virtual parent groups, weekday workshops, and special events with community partners.
Email: info@5stepstofive.org
Phone: (914) 451-9278

The Lions Club

Provides free vision screenings as a community service to our UPK students.

The Sharing Shelf

Addresses clothing insecurity by meeting the basic material needs of low-income children and teens in Westchester County. If UPK families are in need of clothing, please contact our school's social worker, Mrs. Julieth Benjumea, for assistance.
Email: info@sharingshelf.org
Phone: (914) 305-5950

Meals on Main

Recovers surplus food, prepares nutritious meals, distributes groceries through pantries and mobile pantry trucks, and advocates for long-term hunger solutions.
Email: info@mealsonmainst.org
Phone: (914) 451-7140

Open Door Family Medical Center

Provides high-quality, affordable, and accessible health care to keep the community healthy and strong—regardless of health insurance or ability to pay.
Phone: (914) 632-2737

Port Chester-Rye Brook Public Library

Offers free access to information, materials, programs, and technology to enrich the educational, recreational, and cultural lives of the community. At the beginning of the school year, UPK families will receive a library card application, and students will receive a free library card in October. Email: pcrbpl@pcrblibrary.org Phone: (914) 939-6710

Don Bosco Community Center

Offers a variety of programs, including Don Bosco Feeds (free warm meals), an early childhood bilingual summer program, and a summer camp. Email: info@donboscocenter.org
Phone:(914) 939-0323 x11

🎒 CCHRS Pre-K Readiness Guide: Helping Your Little One Shine!

Starting Pre-K is such an exciting milestone! Below are some skills children are encouraged to be **working toward** before starting school. Every child develops at their own pace — this list is simply a **guide** to help families support learning at home. 🤍

💕 Social & Emotional Skills

- **Can separate from parent/caregiver with minimal distress**
  Example: Says goodbye and joins an activity after a short hug.

- **Takes turns and shares with others**
  Example: Waits for a turn to use a toy or take part in a game.

- **Follows simple directions and routines**
  Example: Cleans up toys when asked or lines up when it's time to go outside.

- **Uses words to express needs and feelings**
  Example: Says "I need help" instead of crying or grabbing.

- **Plays alongside or with other children**
  Example: Builds with blocks next to a friend or pretends together in dramatic play.

🗣️ Language & Communication

- **Speaks in simple sentences (3–5 words)**
  Example: "I want more juice," or "Let's play cars."

- **Listens to short stories and rhymes**
  Example: Enjoys story time and can recall parts of the story or song.

- **Understands basic questions ("What's your name?", "Where's your coat?")**
  Example: Answers or follows directions without repeating.

- **Can follow 1–2 step directions**
  Example: "Pick up your toy and put it in the bin."

- **Recognizes and names familiar objects and people**
  Example: Points to family members in photos or names classroom items like "chair," "book," "teacher."

Early Learning Skills

- **Knows some colors and shapes**
  Example: Can name colors like red and blue or recognize a circle and square.

- **Can count a few objects and may recognize numbers 1–5**
  Example: Counts five blocks or knows the number 3 on a puzzle.

- **Recognizes their own name or some letters in it**
  Example: Notices the first letter of their name or points it out on cubby labels.

- **Can match or sort objects by color, shape, or size**
  Example: Groups red crayons together or sorts small and large balls.

- **Shows curiosity and enjoys exploring new things**
  Example: Asks questions like "Why?" or tries new toys independently.

Fine Motor Skills

- **Holds crayons, markers, or pencils with control**
  Example: Draws lines, circles, or scribbles to represent people or objects.

- **Can stack blocks, complete simple puzzles, or cut with safety scissors**
  Example: Builds towers or snips paper safely under supervision.

- **Feeds self with spoon or fork**
  Example: Eats cereal or yogurt independently during meals.

Gross Motor Skills

- **Runs, jumps, and climbs safely**
  Example: Plays tag or climbs playground steps without falling.

- **Walks up and down stairs**
  Example: Alternates feet while holding a railing.

- **Kicks, throws, or catches a ball**
  Example: Rolls, kicks, or tosses a ball back and forth with a friend or adult.

Self-Help Skills

- **Uses the bathroom with minimal help**
  Example: Can pull down pants and wash hands afterward.

- **Washes and dries hands**
  Example: Turns on the faucet, uses soap, and dries hands on a towel.

- **Can put on or take off simple clothing items (coat, shoes, backpack)**
  Example: Puts arms through coat sleeves or fastens Velcro shoes.

- **Helps clean up toys after playtime**
  Example: Places blocks back on the shelf or puts crayons in a bin when asked.

Ways Families Can Help

- **Read to your child every day — and talk about the pictures!**
  Example: Ask "What do you see?" or "What do you think will happen next?"

- **Sing songs, count together, and talk throughout daily routines.**
  Example: Count the steps when walking or name foods while cooking.

- **Give your child time to practice independence (putting on shoes, cleaning up).**
  Example: Encourage trying first before helping.

- **Play and explore together — children learn best through play!**
  Example: Build, pretend, and explore outside together whenever possible.

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