

Welcome to Kindergarten Round-Up



Age Requirement

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
City of Austin Registration District

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NUMBER	
1. Child's Name First: JOHN Middle: DAVID Last: DOE Suffix: _____	2. Date of Birth (mm/dd/yyyy): 01/02/1950	3. Sex: MALE			
4a. Place of Birth - County: TRAVIS	4b. City or Town (if outside city limits, give precinct no.): AUSTIN	5. Time of Birth: 05:11 AM	6a. Punctuation - Single, Twin, Triplet, etc.: SINGLE	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.	
7a. Place of birth: <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify): _____		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address): DGHTRS OF CHTY HTH SVCS OF AUSTIN-SETON MED CTR			
8a. Attendant's Name, NPI, and Mailing Address: ROSA MORENO 1301 W 38TH ST 201 AUSTIN, TEXAS 78745		8b. Certifier - certify that this child was born alive at the place and time and on the date as stated: MARIA ARELLANO Signature and Title: _____ Date Signed: 01/02/1950			
9a. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CHM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify): _____		9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator / Designer <input type="checkbox"/> Other (Specify): _____			
10. Mother's Name Prior to First Marriage: First: JOAN Middle: MARIE Last: BUCK		11. Date of Birth (mm/dd/yyyy): 05/08/1926		12. Birthplace (State, Territory or Foreign Country): CONNECTICUT	
13a. Residence - State: TEXAS	13b. County: TRAVIS	13c. City, Town or Location: AUSTIN		13d. Street Address or Rural Location: 900 SOUTH LAMAR # 207	
13a. Zip Code: 78704	13f. Inside City Limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: Same As Residence, or: _____			
15. Father's Name: First: DAVID Middle: JAMES Last: DOE		16. Date of Birth (mm/dd/yyyy): 07/04/1918		17. Birthplace (State, Territory or Foreign Country): RHODE ISLAND	
16a. Local File Number: 0218731	16b. Date Received by Local Registrar: 01/02/1950		16c. Signature of Local Registrar: <i>Rosael Moreno</i>		

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000. 346103

S 0 0 5 0 8 7 3 9

This is to certify that this is a true and correct reproduction of the original record as recorded in the office, prepared under authority of Section 191.061, Health and Safety Code. Law enforcement inquiries: 512-972-5200.

DATE ISSUED: _____

Rosael Moreno
Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Student
MUST be
five years
old as of
September
1, 2022

Enrollment Documents

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
City of Austin Registration District

STATE OF TEXAS CERTIFICATE OF BIRTH BIRTH NUMBER

1. Child's Name First: JOHN Middle: DAVID Last: DOE		2. Date of Birth (mm/dd/yyyy): 01/02/1950		3. Sex: MALE	
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6a. Place of Birth - Facility: <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital		7a. Name of Hospital or Birthing Center, NPI: (If not institution, give Street Address) DGHTRS OF CHTY HTH SVCS OF AUSTIN-SETON MED CTR			
6b. Home Birth (Planned to deliver at home): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8a. Certifier (certify that this child was born alive at the place and time on the date as stated) MARIA ARELLANO 01/02/1950 Signature and Title Date Signed			
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18a. Local File Number: 0218731		18b. Date Received by Local Registrar: 01/02/1950		18c. Signature of Local Registrar: <i>Rosalia Moreno</i>	

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000. 346103

S 0 0 5 0 8 7 3 9

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, furnished under authority of Section 191.061, Health and Safety Code. Law enforcement inquiries: 512-972-3240.

DATE ISSUED: _____

Rosalia Moreno
Rosalia Moreno
Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Original
Certified
Birth
Certificate

Enrollment Documents

Parent or guardian must provide one of the following as identification:

- Current Driver's License
- Current State ID




Enrollment Documents

HEALTH RECORD		IMMUNIZATION RECORD			<i>All entries on this to be made in block letters</i>		
VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)							
DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME		
1							
2							
3							
4							
5							
6							
YELLOW FEVER VACCINE							
DATE	ORIGIN	BATCH NUMBER	STATION		PHYSICIAN'S NAME		
1 05Jan98	Nat'l Drug Company	Y101	Naval Base, Norfolk, VA		J. B. Doe		
2							
3							
TYPHOID VACCINE							
DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME	
1 07Jun95	V1 0.5/ Q 2 yrs	A. B. Smith		4			
2 23Jul97	4 caps/ Q 5 yrs	W. T. Door		5			
3				6			
TETANUS-DIPHTHERIA TOXOIDS							
DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME	
1 05Jan98	0.5 cc	J. B. Doe		4			
2				5			
3				6			
CHOLERA VACCINE							
DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1 12Jan98	J. B. Doe		4			7	
2			5			8	
3			6			9	
PATIENT'S IDENTIFICATION (Mechanically Imprint, Type of Print)							
SEAMAN, Able B. Male 09May75 TR2 N/AD 20-123-45-6789			Patient's Name— last, first, middle initial; Sex; Age or Year of Birth; Relationship to Sponsor; Component/Status; Department/Service. Sponsor's Name— last, first, middle initial; Rank/Grade; SSN or Identification Number; Organization.				
104-108			IMMUNIZATION RECORD Standard Form 104, Edition: 1975 (2-64) Governed by Executive Order 12812-104 Controlled by 48 CFR 101-11.6 FPMR (41 CFR) 101-11.6				

Child immunization records that are **up to date, signed, and stamped by your healthcare provider**

Enrollment Documents



Emergency Telephone 1-888-322-8667
Customer Service 1-888-285-6700
atmosenergy.com

Customer Name: JOHN O. PUBLIC
SRVC Address: 123 SOMEWHERE DR
ANYWHERE, ST 00000
Account Number: 00-123456789-1234567-1
Meter Serial #: 01234567
Billing Date: 11/06/10

USAGE COMPARISON

DATE OF SERVICE	METER READING		
FROM	TO	PREVIOUS	PRESENT
10/08/10	11/05/10	515	627

RATE CODE R022
USAGE IN CCF: 112

THIS MONTH LAST MONTH LAST YEAR

BILLING INFORMATION:

PREVIOUS BALANCE	110.89
PAYMENT RECEIVED 26-DEC-2012	110.89
CURRENT GAS CHARGE TOTAL	XX.XX
CUSTOMER CHARGE	XX.XX
RIDER WNA	-X.XX
CONSUMP CHRG 112 @ X.XXXX	X.XX
RIDER GCR 112 @ X.XXXX	X.XX
RIDER SUR/RIDER IR	X.XX
TAX/FEE CHARGE TOTAL	X.XX
RIDER FF @ X.XXXX	X.XX
CITY SALES TAX @ X.XXXX	X.XX
RIDER TAX @ X.XXXX	X.XX
CURRENT CHARGES	XX.XX
TOTAL AMOUNT DUE	XX.XX

Must provide one of the following in the parent or guardian's name with the **service address visible**

- Current Water Bill
- Current Gas Bill
- Current Electric Bill
- Current Mortgage or Lease Agreement
- **NOT cable or phone bill**



Lakeshore Elementary

We are an academic kindergarten. Lakeshore is focused on our students mastering the Kindergarten Texas Essential Knowledge and Skills (TEKS).

Kindergarten is a full-day program!

School Hours: 7:30am – 3:20pm

Tardy Bell: 8:00 am

Attendance is important, as our students learn new things every day!

Lakeshore Leopard Guidelines for Success:



Be Respectful
Be Responsible
Be Safe



Beginning of Year Skills

We would like students to be able to:

Personal Care:

- Recognize first and last name both orally and in writing. This is important for car riders.
- Proper bathroom etiquette
- Use the restroom independently (zips, fasten clothing, etc.)
- Be responsible for personal belongings, including cleaning up after oneself
- Open snack and lunch packages



Communication and Social Skills:

- Take turns and share
- Raise hand to speak
- Stay in their seats when appropriate
- Keep hands to themselves

Pre-Writing Skills

- Hold pencils and crayons correctly
- Hold and use scissors correctly
- Practice writing first name
- Practice using a glue stick



Early Literacy Development

- Be familiar with the alphabet song
- Be familiar with uppercase and lowercase letters
- Have an understanding that letters make sounds
- Practice recognizing written name



End-of-the-year Reading skills

- Below is an example of page from a level C guided reading book. This is our end of the year expectation.

“Do you want some onions for dinner?”
asked Dad.

Sam said, “No! I do not like onions!”

Pat said, “No! I do not like onions!”

Early Math Concepts:

- Recognize and write numbers
- Use objects to count
- Recognize basic shapes: circle, square, triangle, rectangle
- Recognize colors



Suggested Summer Activities

- Recognize front and back of a book.
- Walk through a book and discuss the pictures.
- Tracking left to right in a book.
- Identify the difference between a letter and a word.
- Practice retelling a story including details.
- Practice naming/identifying colors.

Dress Code

- Appropriate shoes that will be suitable for playground use (no heels, flip flops, or wedges). Tennis shoes are preferred due to safety.
- If your child wears dresses, please make sure shorts are worn underneath.
- No spaghetti straps.



School Supplies

School Tools

- Order via EPI
- Follow list provided by the district



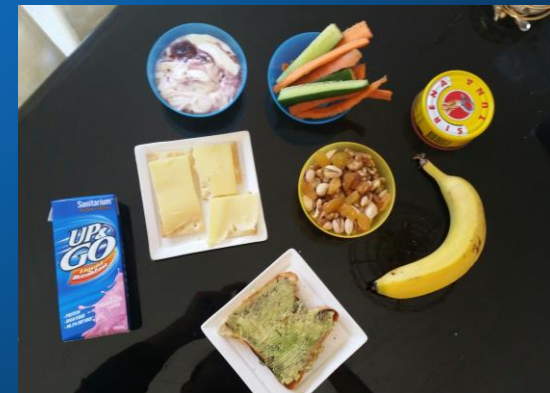
Backpack

- Large enough to hold a standard sized folder, lunch kit, water bottle and snack.
- Easy enough for your child to open independently and take items in and out.
- Labeled with your child's name (backpack, lunch kit, coat, water bottle).

Lunch Kit if your child plans to bring a lunch to school. Please label with your child's name.

Snacks

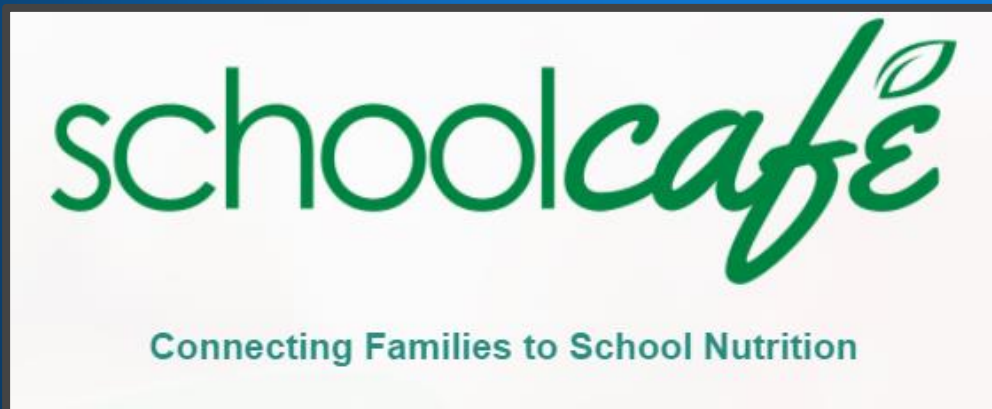
- Pack a dry snack each day in separate container that your child can open independently
- Think crackers, fruit, veggies
- Sport Top Water Bottle
- We have automatic fillers for water bottles



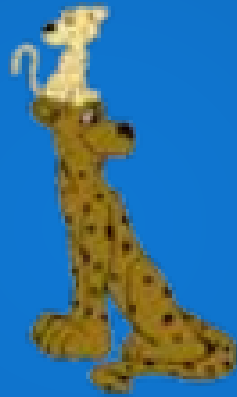
School Lunch

Purchasing a Lunch

- Online payment via School Cafe
- More info on the Humble ISD Child Nutrition web page



CLINIC INFORMATION



LAKESHORE ELEMENTARY WEBSITE \Rightarrow OUR SCHOOL \Rightarrow NURSE

IMMUNIZATION REQUIREMENTS

- Incoming Kindergarteners must be up to date on all required immunizations before registration can be completed.
- Immunization records submitted must be signed/stamped by the doctor.
- Immunization exemptions must be the original (blue) form and signed/notarized. Exemptions are good for two years.

MEDICATION POLICY

- ⇒ All medication must be brought to school and picked up by an adult.
- ⇒ Medication is kept in the clinic and must be in original packaging with a pharmacy label if applicable.
- ⇒ All necessary medication paperwork is to be filled out and signed by the parent and doctor.
- ⇒ Medication must be age appropriate and not past expiration date.

ILLNESS PROTOCOL



I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
Temperature of 100.0 or higher.	Within the past 24 hours.	Within the past 24 hours.	Body rash with itching or fever.	Itchy head, active head lice, nits close to scalp.	Redness, itching, and/or "crusty" drainage from eye.	Hospital stay and/or ER visit.

I AM READY TO GO BACK TO SCHOOL WHEN I AM...

Fever free for 24 hours <u>without</u> the use of fever reducing medication. <i>ie. Tylenol, Motrin.</i>	Free from vomiting for at least 24 hours.	Free from diarrhea for at least 24 hours.	Free from rash, itching, or fever. I have been evaluated by my doctor if needed.	Treated with appropriate lice treatment at home and cleared by Health Room upon returning.	Evaluated by my doctor and on prescribed medication for 24 hours.	Released by my medical provider to return to school.
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LAST BUT NOT LEAST...

→ Accidents happen, please remember to provide your student with a change of clothes.

- Ziplock bag with name on it
- Weather appropriate clothes



Questions?

We are excited about the upcoming school year! Please call the school at (281) 641-3500 if you have any questions!

