



# BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

**Superintendent**  
*Christina Goennier*

**Assistant Superintendents**  
*Nanette Hall – Educational Services*  
*William Roberts – Human Resources Development*  
*Ann Sparks – Business Services*

**Board of Education**  
*Chuck Coyne*  
*Glenn Creiman*  
*Jim Elliot*  
*Diane Koach*  
*Patti Latourelle*

## **New Student Registration 2016-2017 School Year KINDERGARTEN**

Dear Parents or Guardians:

Welcome to the Bonita Unified School District and the 2016-2017 school year. This packet contains paperwork and instructions to initiate the enrollment process for your child.

Please note that students must have turned 5 years old on or before September 1, 2016 in order to be eligible to attend Kindergarten in the 2016-2017 school year.

Please contact your neighborhood school or the Office of Student Services if you have questions. Information and most necessary forms can also be found in the "Permit and Enrollment Information" section under "Parents and Students" on the Bonita Unified web site: [do.bonita.k12.ca.us](http://do.bonita.k12.ca.us).

***When you come to your school for registration please bring the following:***

- All forms from this packet completed and signed
- Verification of Date of Birth (birth certificate or christening certificate, a passport or visa)
- Proof of Residence (escrow papers, rental or lease agreement, or utility bill)
- Immunization Records (must be verified by your medical care provider)

**Note: All immunizations must be up-to-date before a child will be assigned to a class.**

We are looking forward to working with you and your child this year.

Sincerely,

Mark Rodgers  
Senior Director, Student Services  
909-971-8330, ext. 5324



**Bonita Unified School District**  
**STUDENT REGISTRATION INFORMATION, GRADES TK-12**

**FOR OFFICE USE:**

Student ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ Grid: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Permit: \_\_\_\_\_  
BIRTHDATE VERIFICATION: \_\_\_\_\_ Birth Cert. \_\_\_\_\_ Baptismal Cert. \_\_\_\_\_ Passport \_\_\_\_\_ Age Affidavit \_\_\_\_\_ IMMUNIZATIONS COMPLETE: \_\_\_\_\_

**STUDENT NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**RESIDENT ADDRESS:** \_\_\_\_\_  
Number & Street Apt # City Zip

**MAILING ADDRESS:** \_\_\_\_\_  
Number & Street Apt # City Zip

**EDUCATIONAL HISTORY AND PROGRAMS**

Student Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Date first enrolled in a school in the United States: \_\_\_\_\_

Date first enrolled in a school in California: \_\_\_\_\_

Date student first entered the United States: \_\_\_\_\_

***School most recently attended:***

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

District Name: \_\_\_\_\_

**Does the student have an IEP?** ☐ YES ☐ NO

**Does the student have a 504 Plan?** ☐ YES ☐ NO

**Has the student been identified for GATE?** ☐ YES ☐ NO

**ETHNICITY AND PARENT EDUCATION LEVEL**

Parent Education Level:

☐ Not a High School Graduate ☐ High School Graduate ☐ Some College  
☐ College Graduate ☐ Graduate School ☐ Decline to State

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ Amer. Indian/Alaskan ☐ Asian Indian ☐ Black/African American  
☐ Cambodian ☐ Chinese ☐ Filipino  
☐ Guamanian ☐ Hawaiian ☐ Hmong  
☐ Japanese ☐ Korean ☐ Laotian  
☐ Other Asian ☐ Other Pacific Islander ☐ Samoan  
☐ Tahitian ☐ Vietnamese ☐ White

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Resident Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**OTHER PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Resident Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**OTHER INFORMATION**

**Is there a court order or custody agreement that defines or limits access of a parent/guardian to the student?** ☐ YES ☐ NO

*If "YES", please provide a copy of the court order or custody agreement (attach to this form)*

**Is this student under the terms of an expulsion from another district?** ☐ YES ☐ NO

*If "YES", please provide a copy of all expulsion documentation provided by the other district (attach to this form)*

**PARENT SIGNATURE**

I hereby verify that all of the information on this form is accurate to the best of my knowledge. I further agree to notify the school of any changes to address, phone numbers, and/or emergency information within 24 hours of the change.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE:**

Withdrawal Date: \_\_\_\_\_ Cum Sent To: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Name of District

School Name: \_\_\_\_\_ Address: \_\_\_\_\_



**BONITA UNIFIED SCHOOL DISTRICT  
ENGLISH LANGUAGE DEVELOPMENT PROGRAM**

**HOME LANGUAGE SURVEY**

The California Education code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide appropriate instruction for all students. Please complete the information and answer the questions below. Thank you.

Name of student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First Middle  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Which language did your son or daughter learn when he or she first began to talk? \_\_\_\_\_
2. What language does your son or daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son or daughter? \_\_\_\_\_
4. What language is most often spoken daily by the adults at home: \_\_\_\_\_
5. Previous School District: \_\_\_\_\_ City/State: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE:**

SCHOOL _____	GRADE _____	TEACHER _____
<input type="checkbox"/> Woodcock/Munoz English Test Date: _____	Broad English Ability _____ Reading-Writing Ability _____	Oral Language Ability _____
<input type="checkbox"/> Idea Proficiency Test (IPT) Date: _____	Level _____	
<input type="checkbox"/> Woodcock/Munoz Spanish Test Date: _____	Broad English Ability _____ Reading-Writing Ability _____	Oral Language Ability _____
<input type="checkbox"/> Informal Primary Language Test Date: _____	Speaking _____ (Rate ability 1 to 5 1= non-speaking primary language, 5=fluent primary language)	Reading _____ Writing _____ Understanding _____
<b>LANGUAGE DESIGNATION:</b> English Only: _____ FEP: _____ LEP: _____ Date Tested: _____ Tester: _____		



**BONITA UNIFIED SCHOOL DISTRICT  
DEPARTMENT OF HEALTH SERVICES**

## **HEALTH AND DEVELOPMENT QUESTIONNAIRE**

**Name of Student:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
Last First Middle  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Parent Primary Phone:** \_\_\_\_\_ **Parent E-Mail:** \_\_\_\_\_

1. Does your child have a regular source of medical care? ☐ YES ☐ NO

Name of Provider/Clinic: \_\_\_\_\_

Date of Most Recent Visit or Upcoming Visit: \_\_\_\_\_

Reason for Last or Upcoming Visit: \_\_\_\_\_

2. Does your child have any health problems? ☐ YES ☐ NO

*If "yes", please describe below:*

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3. Does your child take any medications? ☐ YES ☐ NO

*If "yes", please describe below:*

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4. Does your child have a potentially life-threatening health condition? ☐ YES ☐ NO

*If "yes", please describe below:*

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5. **Additional Comments:**

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**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**BONITA UNIFIED SCHOOL DISTRICT  
FOSTER YOUTH SUPPORT**

**FOSTER STUDENT SCREENING QUESTIONS**

Please complete the box below, then answer the six questions to the best of your ability.

<b>Name of student:</b> _____ Last First Middle	<b>Birthdate:</b> _____
<b>School:</b> _____	<b>Grade:</b> _____

- Does the youth you are enrolling live in a group home?  
☐ Yes      ☐ No      ☐ Not Sure
- Is the youth you are enrolling in foster care or on probation?  
☐ Yes      ☐ No      ☐ Not Sure
- Does the youth you are enrolling receive visits from the social worker or a probation officer?  
☐ Yes      ☐ No      ☐ Not Sure
- Does the youth you are enrolling regularly attend court to discuss where they live?  
☐ Yes      ☐ No      ☐ Not Sure
- Does the youth you are enrolling have an attorney or other court representative who helps determine where they live?  
☐ Yes      ☐ No      ☐ Not Sure
- Does the youth you are enrolling live with someone other than his/her parents?  
☐ Yes      ☐ No      ☐ Not Sure

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# BONITA UNIFIED SCHOOL DISTRICT

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## **Immunization Requirements for 2016-2017 Kindergarten and Transitional Kindergarten**

Dear Parents or Guardians:

As part of the kindergarten registration process, the school will require a written record of your child's immunizations. All immunization records must be verified by a signature from your medical care provider. **ALL CURRENTLY DUE IMMUNIZATIONS MUST BE COMPLETED BEFORE YOUR CHILD CAN BE ASSIGNED TO A CLASS LIST.**

The required immunizations include:

- Polio:** 3 doses meet the requirement if the third dose was given on or after the 4<sup>th</sup> birthday. We allow a 4-day grace period. 4 doses meet the requirement regardless of when the doses were given.
- DTP/DTaP:** 4 doses meet the requirement if the 4<sup>th</sup> dose was given on or after the 4<sup>th</sup> birthday. We allow a 4-day grace period. 5 doses meet the requirement regardless of when they were given.
- MMR:** 2 doses of vaccine are required. Both doses meet the requirement when given on or after the 1<sup>st</sup> birthday. We allow a 4-day grace period.
- Hepatitis B:** 3 doses are required.
- Varicella:** 1 dose is required **or** your medical care provider may document the student "had disease".

### **Immunization Resources**

Pomona Health Center  
750 South Park Ave.  
Pomona, CA 91766  
(909) 868-0235

East Valley Health Center  
680 Fairplex Drive  
Pomona, CA 91766  
(909) 620-8088

If you have any questions or concerns, please do not hesitate to contact me at (909) 971-8200 x6021.

Llona Mearig  
District Nurse



# BONITA UNIFIED SCHOOL DISTRICT

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February 2016

## **Re: New Immunization Requirements for the 2016-2017 School Year**

Dear Parent/Guardian:

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs, including religious beliefs, will no longer be an option for the vaccines that are currently required for entry into school or child care in California.

Personal beliefs exemptions already on file for a child enrolled in child care or school in Bonita Unified will remain valid until, 1) the child is ready to enter Kindergarten or Transitional Kindergarten, or 2) the child is ready to enter 7th grade.

Children who have a medical exemption for missing immunizations signed by a licensed physician will continue to be accepted.

If you would like more information about SB 277, the California Department of Public Health has created a Frequently Asked Questions site at: <http://www.shotsforschool.org/laws/sb277faq/>

If you have questions about the new law and how it might impact your child, please contact the health office at your school.

Sincerely,

Llona Mearig

District Nurse



# BONITA UNIFIED SCHOOL DISTRICT

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## HEALTH EXAMINATION

Dear Parent or Guardian:

We are pleased you have chosen Bonita Unified School District Kindergarten for the 2016-2017 school year. As part of the enrollment process the State of California Extensive Child Health Screening Law (H & SC 124100) requires that all children must have a health examination within the 18-month period prior to entering first grade or within 90 days after first grade entry.

**We strongly recommend the health examination be done before entering kindergarten.** The examination may be completed in several ways:

1. Take your child to your private medical care provider for a physical examination. Have the attached examination certificate completed and signed by the medical care provider and return it to the school.
2. The state will pay for your child's physical examination if you meet the income eligibility level. Providers in the area are:

East Valley Community Health Center  
680 Fairplex Drive  
Pomona, CA 91768  
(909) 620-8088

Dr. Wong, Foothill Family Practice  
2100 Foothill Blvd., Suite A  
La Verne, CA 91750  
(909) 596-1941

One out of every ten children entering kindergarten has a health problem unknown to parents. The purpose of the physical examination is to find health problems that may affect the child's growth and development and his/her ability to benefit from the school experience.

The health examination should include the following: a health and developmental history, a physical examination, an assessment of nutritional status, necessary immunizations, tests for anemia, diabetes, urine problems, vision, hearing, dental screening and blood tests for sickle cell and lead levels, if necessary.

Please return the completed attached examination certificate to your child's school. If I can be of further assistance please do not hesitate to call me at (909) 971-8200 x6021.

Llona Mearig  
District Nurse



**REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

**PART II TO BE FILLED OUT BY HEALTH EXAMINER****HEALTH EXAMINATION**

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN****RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Name, address, and telephone number of health examiner

\_\_\_\_\_  
Signature of health examiner

\_\_\_\_\_  
Date

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.**



# BONITA UNIFIED SCHOOL DISTRICT

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## Oral Health

Dear Parent or Guardian:

To make sure that your child is ready for school, California Law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have been completed within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

If your child has not had an oral health exam with-in the 12 months before entering either kindergarten or first grade, take the attached Oral Health Assessment Form to the dental office. It will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or on-line from the California Department of Education's website at <http://www.cde.ca.gov/ls/he/hn/>.

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or website can help you find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at <http://www.dhs.ca.gov/mcs/medi-calhome/countylisting1.htm>.
2. Healthy Families' toll free number or website can help you find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.ca.gov/hfhome.asp>.
3. For additional resources that may be helpful, contact the local public health department at <http://www.dhs.ca.gov/mcs/medi-calhome/countylisting1.htm>

Remember, your child is not healthy and ready for school if he or she has poor dental health!

Here are some important tips to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Have your children brush their teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better.

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Vivian Anderson, District Nurse, (909) 971-8200 x 6021.

Thank You.

Llona Mearig  
District Nurse

# Oral Health Assessment

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, please contact your school health office.

## Section 1

### To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Multi-Racial		

## Section 2

### Oral Health Data Collection

### To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
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***Dental Professional's Signature***

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***Date***



# Enroll. Get Care. Renew.

## Health Coverage All Year Long

## Health Coverage Options

### Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

### Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

**! Undocumented Families** visit: [www.allinforhealth.org/resources#Undocumented](http://www.allinforhealth.org/resources#Undocumented)  
*Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.*

### You and your family may qualify for financial help:

Household Size	If 2015 household income is less than...		If 2015 household income is between...
1	\$16,243	\$31,309	\$16,106 – \$46,680
2	\$21,984	\$42,374	\$21,709 – \$62,920
3	\$27,725	\$53,440	\$27,312 – \$79,160
4	\$33,465	\$64,505	\$32,914 – \$95,400
5	\$39,206	\$75,571	\$38,517 – \$111,640
6	\$44,947	\$86,637	\$44,120 – \$127,880
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

## Enroll.

Three ways to enroll in Medi-Cal and Covered California:

- [www.coveredca.com](http://www.coveredca.com)  
1 (800) 300-1506
- Find in-person help:  
[www.coveredca.com/get-help/local/](http://www.coveredca.com/get-help/local/)

## Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

## Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:  
[www.allinforhealth.org](http://www.allinforhealth.org)

April 2015



A PROJECT OF THE CHILDREN'S PARTNERSHIP



# BONITA UNIFIED SCHOOL DISTRICT

## KINDERGARTEN READINESS SUMMER ACTIVITIES

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As your child begins his or her formal education, remember that learning is not a race, but a journey through life. It is an exciting adventure, with something new to be learned every day. We welcome you to our kindergarten program and we look forward to a wonderful year with your child.

1. Teach your child to recite his first and last name, address and phone number.
2. Help your child practice writing his or her first name.
3. Encourage your child to dress him or herself. Teach your child how to use zippers and put on and take off shoes.
4. Model saying "please" and "thank you" and encourage your child to do so too.
5. Help your child to learn to use words when he or she is angry. Give examples of ways to solve problems and talk about feelings.
6. Ask your child to pick up toys at the end of play. Have your child make choices (i.e., which socks to wear). Making choices build independence and confidence.
7. Explain why sharing toys with other children is important.
8. Encourage the artist in your child by providing drawing and painting experiences.
9. Ask your child to tell you a story. Write it down.
10. Encourage your child to use the restroom and wash hands by him or herself. Make sure that your child can manage his or her own clothing.
11. Put on some music and march together around the room. A sense of rhythm is an important readiness skill.
12. Practice matching, sorting or counting objects.
13. Praise your children when you see him or her sharing or helping others.
14. Play "follow the leader." Have your child copy everything you do. Let your child lead the game.
15. Tell your child about some of the fun things that you did when you were in school.
16. Ask a librarian to help you find children's stories about starting school.
17. Adjust your child's sleeping and eating times to the school year schedule.
18. If your child will walk to school or to a bus stop, plan and practice the safest route together and review traffic safety rules.
19. After reading a story to your child, ask your child to tell the story to you in his or her own words.
20. Attend your school's Kindergarten Orientation.



# BONITA UNIFIED SCHOOL DISTRICT

## PRE-READING SKILLS YOU NEED TO KNOW ABOUT

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### The National Children's Reading Foundation Recommendations to Raise a Reader

#### For Families

Welcome parents. We are here to help you raise a reader. Because you want the best for your child, we invite you to begin a parenting practice which will impact your child the rest of his or her life—reading aloud together 20 minutes per day from birth. Children become good readers when their parents read to them. It is as simple as that! Getting your child ready to read is getting your child ready to success in school. Schools deliver 85% of their curriculum using printed words in books, digitized words on computer screens, and written words on chalkboards/whiteboards. Reading is the most fundamental skill they will use during their lifetime.

#### The ABCs of How to Raise a Reader

- A. **Aloud:** Read aloud 20 minutes per day with your child from birth. This provides 600 hours of essential pre-literacy preparation before entering school.
- B. **Basic** knowledge before entering kindergarten: Ideally, your entering kindergartner should:
  - Know 12-15 upper case letters (A,B,C)
  - Know 12-15 lower case letters (a, b, c)
  - Know sounds of letters
  - Recognize a few basic sight words (is, I, the)
  - Sing/chant alphabet and number songs
  - Recite 6-10 nursery rhymes
  - Know some print concepts (reading moves left to right, meaning comes from words, pictures help meaning)
  - Speak using complete sentences
  - Print first name using upper case and lower case letters
- C. **Conversations:** Have frequent conversations with your child. Reading is about language. Immerse your child in it. Talk often, listen and ask your child questions that require more than a one or two word response.

Children entering school with these literacy skills are on track to read well by third grade. Please visit [www.readyforkindergarten.org](http://www.readyforkindergarten.org) for further information on other kindergarten readiness skills.

#### Stimulating Brain Development

Reading to your child from birth literally wires brain cells together in networks that later facilitate independent reading. Current brain research shows that those linked brain cell enable a child:

- To hear the different sounds (phonemic awareness)
- To recognize letters and develop strategies to figure out new words (decoding)
- To develop real-world understanding of what the words refer to (create contexts for understanding meaning)
- To build an oral vocabulary (perhaps 5,000 words by kindergarten)

## **Bonding with Books**

Sharing books develops successful students. Your child, snuggling in your lap, and sharing your time and laughter, is learning to love reading. As long as it is a happy experience, there is literally no wrong way to read together. It is practically free, you can do it any place and kids beg for more. Even parents who cannot read well themselves can provide a good experience for their children by telling stories from their lives, from their imaginations, or from pictures in wordless books. It is best to read to your child early and often, but it is never too late to start in any language.

### **Important Preschool Skills 3 – 4 Years Old**

- Knows that it is print that is read in stories
- Pays attention to separable and repeating sounds in language (e.g., Peter, Peter, Pumpkin Eater)
- Has favorite books and like to listen to them read often
- Plays with language and makes silly sounds
- Likes to participate by turning pages and saying words
- Shows understanding through comments and questions

### **Important Preschool Skills 4 – 5 Years Old**

- Knows some alphabet sounds
- Can recognize sounds that are the same and sounds that are different as well as recognize some printed letters and numbers
- Understands there are three parts in a story- beginning, middle and end
- Listens, follows directions, and can focus on specific tasks
- Takes turns speaking in a conversation – parents talk to children 30 times an hour
- Likes being read to and knows about books
- Often has some books memorized – can recite 4-5 rhymes
- Can recognize rhyming words
- Identify and name all the letters in their first name (6-7 letters)
- Sing/chant ABC and number songs independently

## **As You Read to Your Child**

Talk about the story. Continue to ask the who, what, when, where, why, and how questions. Emphasize the meaning of the story. This is a good time to introduce your child to more numbers, colors, animals, machines and classifications. Your child will comprehend these concepts more easily when encountering them later. Rhyming is another critical activity. Nursery rhymes can teach your child how to hear the difference between the 42 sounds we use in our language. Some experts believe that children who come to school having memorized 4-6 common nursery rhymes are better readers by third grade. Other things you can do are:

- Talk frequently-explain the world and your vocabulary
- Put books where your child is- on the breakfast table, bathroom, bedside and car
- Have lots of books available- from the library, give as gifts, trade with friends
- Go to new places together and talk about your experiences
- Use books with predictable patterns and repeated phrasing that your child can “read” with you
- Teach your child to recognize the meaning of labels on 10 objects in their home
- Teach your child to learn to print their first name using upper and lower case letters
- Teach your child to know 12 colors: red, blue, yellow, green, orange, purple, brown, black, white, grey, pink, light blue