

Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Time Rcvd: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

# First Christian Day School

## Enrollment Application

### 2018-2019

Position guaranteed based on date and time the application is received.  
Application will be turned into the office to insure your child's placement.  
Position held only when enrollment payment is received.

PLEASE PRINT

**NON-REFUNDABLE ENROLLMENT FEE: \$250.00**

Student Name: \_\_\_\_\_

Student Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Child's SS#: (Last four digits) \_\_\_\_\_

Class/School currently attending: \_\_\_\_\_

Father: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Preferred Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Preferred Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Work #: \_\_\_\_\_

If student's parents are divorced, which parent has legal responsibility? \_\_\_\_\_

Please provide a copy of the Custodial Decree.

Request for Grade Enrollment: \_\_\_\_\_ (Grade Kindergarten-8<sup>th</sup>)

Request for Preschool Enrollment: 2 yr. old \_\_\_\_\_ 3 yr. old \_\_\_\_\_ 4 yr. old \_\_\_\_\_

Monday-Friday \_\_\_\_\_ Monday/Wednesday/Friday \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_

Permission granted to use my child's photo or class work for display or publication? Yes \_\_\_\_\_ No \_\_\_\_\_

Permission granted to list my family in the local school directory? Yes \_\_\_\_\_ No \_\_\_\_\_

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

# First Christian Day School

1109 Brown Street

Waxahachie, TX 75165

## 2018-2019 Fee Schedule

### Tuition Rates

#### **Non-Refundable Enrollment Fee \$250**

Tuition is paid monthly over 10 months, starting in August with final payment in May.

### Pre-School

<u>Pre-K 2, 3, &amp; 4 Classes</u>		<u>Tuition</u>	<u>Curriculum</u>	<u>Total Tuition</u>	<u>Monthly</u>
<u>Days Per Week</u>		<u>Per Month</u>	<u>Per Semester</u>	<u>(including fees)</u>	
2	Tuesday/Thursday	\$350.00	\$100.00	\$3700.00	\$370.00
3	Monday/Wednesday/Friday	\$395.00	\$100.00	\$4150.00	\$415.00
5	Monday through Friday	\$480.00	\$100.00	\$5000.00	\$500.00

### Day School

<u>Grade</u>	<u>Tuition</u>	<u>Curriculum</u>	<u>Test Fee</u>	<u>Graduation Fee</u>	<u>Total Tuition</u>	<u>Monthly</u>
<u>Level</u>	<u>Per Month</u>	<u>Per Semester</u>	<u>(One Time)</u>	<u>*Pd in Feb*</u>	<u>(including fees)</u>	
Kindergarten	\$505.00	\$200.00	\$50.00	\$50.00	\$5500.00	\$550.00
1 <sup>st</sup> & 2 <sup>nd</sup> Grades	\$505.00	\$200.00	\$50.00	--	\$5500.00	\$550.00
3 <sup>rd</sup> -8 <sup>th</sup> Grades	\$510.00	\$225.00	\$50.00	--	\$5600.00	\$560.00

### Morning Care & After Care

Morning Care	7:00 am – 7:45 am	\$ 2.00 per day
After Care	3:00 pm - 4:00 pm	\$ 5.00 per day
	4:01 pm – 5:30 pm	\$13.00 per day

### Tuition Payment Options

- A) Monthly tuition payments must be received by the 5<sup>th</sup> of every month.
- B) Tuition can be paid for the year (10months) and that figure is found in the total tuition including fees column  
**Complete tuition payment must be paid by August 1, 2017.**
- C) Check with the Director for the discount rates for multiple children enrollments.
- D) Curriculum includes 1 yearbook per family.



## ADMISSION INFORMATION

**Purpose:** Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

### GENERAL INFORMATION

Operation's Name: First Christian Day School		Director's Name: Debbie Aday	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual <b>to call</b> in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

### CONSENT INFORMATION

#### CHECK ALL THAT APPLY:

#### 1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

☐ for emergency care   
 ☐ on field trips   
 ☐ to and from home   
 ☐ to and from school

#### 2. FIELD TRIPS

☐ I give consent for my child to participate in field trips.

☐ I **do not** give consent for my child to participate in field trips.

**Comments:**

#### 3. WATER ACTIVITIES

I give consent for my child to participate in the following water activities:

☐ water table play   
 ☐ sprinkler play   
 ☐ splashing/wading pools   
 ☐ swimming pools   
 ☐ aquatic playgrounds

## CONSENT INFORMATION

### CHECK ALL THAT APPLY:

#### 4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

#### 5. MEALS

I understand that the following meals will be served to my child while in care:

☐ None  
 ☐ Breakfast  
 ☐ Morning snack  
 ☐ Lunch  
 ☐ Afternoon snack  
 ☐ Supper  
 ☐ Evening snack

#### 6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		Signature - Parent or Legal Guardian

### CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes ☐ No ☐ Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian:

Date Signed:

### SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

### ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Please check only one option:

1. ☐ HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

### REQUIREMENTS FOR EXCLUSION

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### VISION EXAM RESULTS

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

### HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	

### VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15-18 months (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

### VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6-18 months (third dose) 4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose) 4-6 years (second dose)	
Varicella	12-15 months (first dose) 4-6 years (second dose)	
Hepatitis A	12-23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

### PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature :	Date Signed:
-------------	--------------

### VARICELLA (CHICKENPOX)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.

Parent's Signature:	Date Signed:
---------------------	--------------

### ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB TEST (IF REQUIRED)**

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
-----------------------------------	-----------------------------------	-------

**GANG FREE ZONE**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

**SIGNATURES**

Child's Parent or Legal Guardian:  X	Date Signed:
Center Designee:  X	Date Signed:

**2018 - 2019**

## **For My Teacher**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The following information is requested help your child's teacher understand your child. We believe your input will enable the teacher to relate and help him/her adjust to the school environment.

**Mother's Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **or** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **or** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Marital Status of Parents:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

**Siblings: Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**In Case of Emergency, please call: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

The following people have my permission to pick up my child.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Church attending and Religious affiliation:**

\_\_\_\_\_

**List any food or medication allergies:**

\_\_\_\_\_

**List history of serious illnesses:**

\_\_\_\_\_

**Is your child currently taking daily medication: Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **?**

**If "yes" please explain the reason for the medication.** \_\_\_\_\_

**Please list special dietary needs:** \_\_\_\_\_

**Disciplinary methods used at home:** \_\_\_\_\_

**Please list any other information which might help the teacher understand your child. (Personal concerns).** \_\_\_\_\_

**FARE**

Food Allergy Research &amp; Education

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No****PLACE  
PICTURE  
HERE****NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following allergens:** \_\_\_\_\_**THEREFORE:**☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.**FOR ANY OF THE FOLLOWING:  
SEVERE SYMPTOMS****LUNG**Short of breath,  
wheezing,  
repetitive cough**HEART**Pale, blue,  
faint, weak  
pulse, dizzy**THROAT**Tight, hoarse,  
trouble  
breathing/  
swallowing**MOUTH**Significant  
swelling of the  
tongue and/or lips**SKIN**Many hives over  
body, widespread  
redness**GUT**Repetitive  
vomiting, severe  
diarrhea**OTHER**Feeling  
something bad is  
about to happen,  
anxiety, confusion**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS****NOSE**Itchy/runny  
nose,  
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,  
mild itch**GUT**Mild nausea/  
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

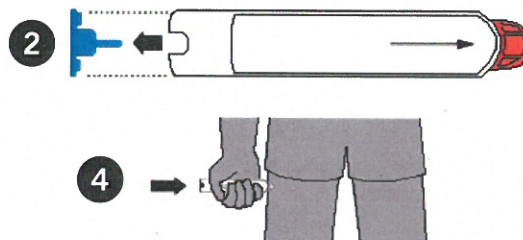
**FARE**

Food Allergy Research &amp; Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

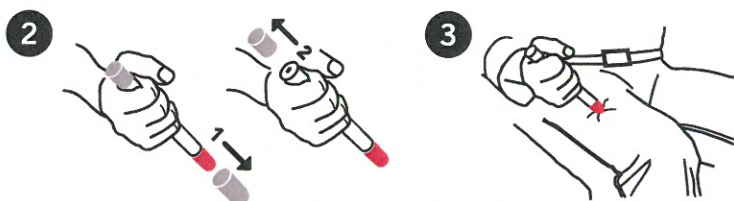
## EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



## ADRENALINE® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

# School Supply List 2018-2019

PreK-2 year old Supply List	
9 x12 Assorted Colors Construction Paper	1
Vinyl 2-Pocket Folder with Brads	2
Elmer's Glue Sticks (3 Per Pack)	3
8 Ct. Crayola Crayons - (Large Crayons)	3
Watercolors w/ Brush	1
Elmer's White School Glue (4 oz)	2
Baby Wipes (Unscented) Refill Pack	3
Safety Scissors	1
Liquid Hand Soap	2
Clorox Sanitizing Wipes (Large Size)	3
Ziploc Gallon Bags	1
Copy Paper (White)	3 Reams
Facial Tissues (200 ct)	3
Paper Towels	3
Kitchen Trash Bags (13 Gallons)	1
Box of Snacks (not individually wrapped)	2
Sippy Cup ( <i>Labeled with Name</i> )	2
Diapers ( <i>if not potty trained</i> )	1
Small Nap Blanket	1
Vinyl Mat for Reset Time	1
<i>Extra Change of Clothes (include underwear and socks)</i>	
Backpack (No Wheels)	1

PreK-4 year old Supply List	
9 x12 Assorted Colors Construction Paper	1
Vinyl 2-Pocket Folder with Brads	2
Plastic Pencil Box	1
Elmer's Glue Sticks (3 per pack)	3
24 ct. Crayola Crayons	2
Watercolors w/Brush	2
10-12 Ct. Washable Markers	1
Elmer's White School Glue (4 oz)	2
Expo Markers	1
Safety Scissors	1
Baby wipes (unscented) Refill Pack	2
Clorax/Lysol Sanitizing Wipes	3
Copy Paper (White)	3 Reams
Facial Tissues (200 ct)	3
Paper Towels	3
Kitchen Trash Bags (13 Gallons)	1
Box of Snacks (not individually wrapped)	2
Liquid Hand Soap	2
Small Nap Blanket	1
Vinyl Mat for Rest Time	1
<i>Extra Change of Clothes (include underwear and socks)</i>	
Backpack (No Wheels)	1

PreK-3 year old Supply List	
9 x12 Assorted Colors Construction Paper	1
Vinyl 2-Pocket Folder with Brads	2
Elmer's Glue Sticks (3 Per Pack)	3
24 ct. Crayola Crayons	2
Watercolors w/Brush	1
10-12 ct. Washable Markers	1
Elmer's White School Glue (4 oz)	1
Expo Markers	1
Baby wipes (Unscented) Refill Pack	2
Liquid Hand Soap	2
Clorox Sanitizing Wipes (Large Size)	3
Safety Scissors	1
Copy Paper (White)	3 Reams
Facial Tissues (200 ct)	3
Paper Towel Rolls	3
Kitchen Trash Bags (13 Gallons)	1
Box of Snacks (not individually wrapped)	2
Small Nap Blanket	1
Vinyl Mat for Rest Time	1
<i>Extra Change of Clothes (include underwear and socks)</i>	
Backpack (No Wheels)	1

Kindergarten Supply List	
Elmer's Glue Sticks (3 per pack)	3
Vinyl 2-Pocket Folder with Brads	2
#2 Pencils (Pre-Sharpended)	24
5" Scissors (Rounded)	1
24 ct. Crayola Crayons	1
10 ct. Crayola Markers	1
Ziplock Quart Bags	1
Ziplock Gallon Bags	1
12 Color Pencils	1
Facial Tissues (200 ct)	3
Paper Towels	3
Kitchen Trash Bags (13 Gallon)	1
Expo Markers	1
Watercolor Paint Set	1
12x18 Assorted Color Construction Paper	1
Eraser	2
Plastic Pencil Box	1
Copy Paper (white)	3 Reams
Composition Notebook (Wide-ruled)	2
Clorox Wipes (large)	1
Backpack (No Wheels)	1

Grades 1st-8th Supply List	
#2 Pencils (Pre-Sharpended)	24
Highlighter Markers (Wide Tip)	1
Crayola Crayons 24 ct.	1
Crayola Colored Pencils 24 ct.	1
Elmer's Glue Sticks (3 per pack)	1
Elmer's White Glue (4 oz)	1
Expo Markers	1
Black Permaten Marker	2
Eraser	2
Composition Notebook (Wide Ruled)	5
Zippered 3-Hole Pencil Pouch	1
12x18 Assorted Color Construction Paper	1

Vinyl 2-Pocket Folder with Brads	4
1-green, 1-red, 1-yellow, 1 -blue	
200 ct. Wide Rule Notebook Paper	3
Subject Dividers (8 subject)	1
3 Ring 2" Zippered Binder	1
Copy Paper (White)	3 Reams
Clorox Wipes	1
Ziploc Gallon Bags	1 Box
Paper Towel Rolls	2
Facial Tissues 200 ct. box	2
Kitchen Trash Bags (13 Gallon)	2 Boxes
Backpack (No Wheels)	1
Watercolors	1