



CEDAR SPRINGS PUBLIC SCHOOLS

Cedar Trails Elementary School

The Trail to Success Starts Here

2022-2023 YOUNG 5 AND KINDERGARTEN ENROLLMENT PACKET

Enrollment begins April 1, 2022
More information available at csredhawks.org/Enrollment



Current preschoolers must re-enroll

Young 5 children must be turning 5 between September 2 - December 1, 2022, and complete an age waiver

Kindergarten children must be 5 years of age on or before September 1, 2022

In August, Cedar Trails' will host an open house for students to visit their classroom and meet their teacher

We Will. We Can. We Are. TOGETHER

616-696-9884
ctoffice@csredhawks.org
cedartrails.csredhawks.org



CEDAR SPRINGS PUBLIC SCHOOLS

Central Enrollment Office

New Student Enrollment

Welcome to Cedar Springs Public Schools. We are happy you have chosen our district for your child's education. To register your child/children, you will need to complete our online enrollment process. If you do not have access to the internet/computer please contact our registrar's office at 616-696-1204 x1919, as we have laptops available.

How to Enroll a Student to Start today:

1. Visit csredhawks.org/Enrollment/index.html
2. Click on the link "Cedar Springs Public Schools Enrollment Online Portal"
 - a. Create an account (or log in if already created)
 - b. Plan 30-60 min to fill out
 - c. If the 'Submit' button is unavailable to you at the end, something is missing
 - i. Fields marked in "red" will need to be completed/fixed
3. Once submitted, wait to receive a response from the enrollment office with further instructions

How to Enroll a Student for Fall:

1. Visit csredhawks.org/Enrollment/Enroll-For-Fall/index.html
2. Click on the red "Start Enrollment for Fall" button
 - a. Create an account (or log in if already created)
 - b. Plan 30-60 min to fill out
 - c. If the 'Submit' button is unavailable to you at the end, something is missing
 - i. Fields marked in "red" will need to be completed/fixed
3. Once submitted, you will need to schedule an appointment to complete your application

Required Enrollment Documentation:

1. Original Birth Record
2. Parent/Guardian Driver's License
3. Immunization Record/Waiver
4. Proof of Residency (View accepted documents below)

Accepted

- Home Owner Insurance
- Landline Phone Bill
- Property Tax Statement
- Utility Bill - (gas, electric, water)
- Rent Receipt or Lease Agreement
- Voter Registration

Not Accepted

- Bank Statement
- Cell Phone Bill
- Magazine Subscription
- Medical Bill
- Car Insurance

If you have any questions or need assistance, please contact our registrar at 616-696-1204 x 1919 or registrar@csredhawks.org.

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Young 5 Program Frequently Asked Questions

Who is eligible for the Young 5 program?

Any child who is five-years-old between September 2-December 1 of the current school year. If your child's birthday is between that time, but has had pre-k experience and is ready they can be enrolled as a kindergartner. Children who turn five between September 2 and December 1 must submit an age waiver request.

What is the purpose of this program?

Our Young 5 program recognizes the unique progress each child makes before and during their kindergarten school year. Public schools require children meet a certain level of performance in core subjects such as reading and math by a certain time. Our Young 5 program helps to meet the needs of children who need additional time to develop socially, emotionally, and academically before entering the pace of today's kindergarten classroom. Our program prepares children for kindergarten by teaching them school readiness skills and allows students to build confidence, self-esteem, and friendships.

How are students selected for the program?

Students are selected for the program based on parent requests, district screening, and the selection process.

How does the Young 5 program differ from kindergarten?

The Young 5 program is an extra year for students to develop at their own pace while still having the experience of learning how school works. The goal for the children in the Young 5 program is to enter kindergarten confidently with the necessary foundational pre-kindergarten skills. The program is not a replacement for kindergarten.

What is the Young 5 program schedule and format?

The Young 5 program is a full-day program that runs five days a week, just like kindergarten. Class schedules follow the start and end times for Cedar Trails Elementary and the district calendar. All students participate in district offered specials. For those students who qualify, special education services are provided.

How much does the program cost?

Our program is free! Bus service is available through our Transportation Department.

Who is teaching the Young 5 program?

Our program is taught by a state-certified Cedar Springs Public School teacher who is experienced in working with young children or who has an early childhood endorsement (ZA).

Who should I contact if I have more questions regarding the Young 5 program?

Beth Whaley, Cedar Trails Elementary Principal at 616-696-9884 or beth.whaley@csredhawks.org.



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Young 5 Program Request for the 2022-2023 School Year

The Young 5 program is an alternative program at Cedar Springs Public Schools for children who may not be ready for a traditional kindergarten. Please refer to the Young 5 Program FAQ for specific details about the program.

Eligibility requirements to request Young 5's:

- The family must reside within Cedar Springs Public Schools District
- The child must be five years old on or before December 1, 2022
- Waiver (Must be 5 between September 2 and December 1)
- District enrollment forms and all required documentation submitted
- Children who turn five between September 2 and December 1 must submit an Age Waiver Request.

Please return forms to the Cedar Trails Office by June 30, 2022.

Final determination and placement notification for the Young 5 program will be in July.

☐ Yes ☐ No I am interested in my child attending traditional Kindergarten if he/she is not placed in the Young 5 program.

Student Information (please print):

Student's Full Name: _____

Address: _____

Date of Birth: ____/____/____

Parent/Guardian Information (please print):

Parent Name: _____

Parent Name: _____

Cell Phone: (____) ____-____

Work Phone: (____) ____-____

Email: _____

Parent Signature: _____ Date: _____



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2022 – 2023 Young 5/Kindergarten Child Information

Every child is unique with unique needs. We value input regarding your child's learning style and personality. The following information assist us in finding the "just right" classroom for your child. We are unable to accommodate requests for a specific teacher or placement with friends.

Child's Name: _____ Date of Birth: ____/____/____

Name Child Goes By: _____

Parent Name: _____

Parent Name: _____

Daytime Phone: (____) ____ - ____

Other phone: (____) ____ - ____

Previous School Information

My child attended:

☐ Birth to 3 Special Ed Services

☐ Head Start Program

☐ Tuition preschool 3yr

☐ Center-based (ECSE)

☐ Home-based

☐ Tuition preschool 4yr

☐ Great Start Readiness Program

☐ None

☐ Young 5's Program

Most Recent Teacher: _____ Last Grade Completed: _____

Most Recent School: _____

About Your Child

My Child (check all that apply):

☐ Is shy

☐ Has trouble staying focused

☐ Needs a routine

☐ Is good at math

☐ Is outgoing

☐ Likes to be spontaneous

☐ Struggles with math

☐ Plays well with others

☐ Has responsibility at home

☐ Loves to read

☐ Needs help getting along with others

☐ Adapts well to change

☐ Struggles to read

☐ Is musical/artistic

☐ Has difficulty with change

☐ Completes work

☐ Knows a lot about computers

My child's favorite activities are: _____

Special concerns I have about my child are: _____

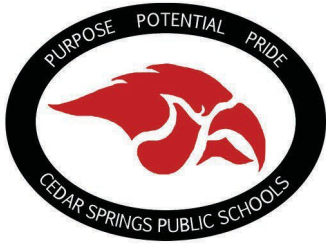
I would like my child's teacher to know: _____

My child has the following health issues: _____

☐ Yes, my child receives special education services through an Individual Education Plan

☐ I am interested in volunteering in my child's classroom

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CEDAR SPRINGS PUBLIC SCHOOLS

School Health Program

Dear Parent(s)/Guardian(s),

As part of the School Health Team for Cedar Trails, we want to welcome your child to Cedar Springs Public Schools!

At CSPS our students are our top priority. We request that parents/guardians provide our school health program with plans:

- If a child has asthma, life-threatening allergies, or seizures, please obtain an Emergency Action Plan from your child's physician.
- If your child has diabetes, ask your child's diabetes doctor for a diabetes medical management plan.

These plans should be provided to the school 2 weeks before the start of each school year, they give direction to the school nurse on how to plan and train staff to care for your child. This information will be shared with the appropriate personnel, such as your child's classroom teacher, office staff, physical education teacher, recess aides, transportation, and/or food service.

According to our Administration of Medication Policy, all medications including prescription and over-the-counter medications must have a medication form on file in the school office.

This includes medications taken by:

- Mouth
- Inhaler
- Injection
- Drops to the eyes, ears, nose
- Being applied directly to the skin

Whenever possible, medications should be administered by the parent(s)/guardian(s) at home. If your child will be taking medication at school, **the Permission for Medication form must be filled out each year**. You may retrieve forms at your child's school office or download and print from our website at csredhawks.org/parents/school-health-services. Medications will be administered in the school office.

Thank you for your assistance in providing a safe environment for your child. If your child's health needs change, or if you have any questions, please contact your child's school office.

Sincerely,

Raquel Ahern, BSN RN
School Nurse Consultant



CEDAR SPRINGS PUBLIC SCHOOLS

Permission for Medication

Student Name: _____ Date of Birth: _____

Grade: _____ Teacher (K-5): _____ Date: _____

☐ Form Reviewed by District Nurse/Authorized CSPA Staff

Prescription Medication

This section MUST be completed & signed by the PHYSICIAN or AUTHORIZED PRESCRIBER

Medication: _____ Reason for Use: _____

Form of Medication/Treatment: ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Ointment ☐ Other

Instructions (Schedule and dose to be given at school): _____

*Student is capable and responsible for **self-administering** the above prescription medication ☐ Yes Unsupervised ☐ Yes Supervised ☐ No

Physician's Printed Name: _____ Phone: (____) ____ - ____

Physician's Signature: _____ Date: _____

I give permission for my child _____ to receive the above medication at school in accordance with CSPA school medication administration policy. (CSPA requires parent/guardian deliver medication to school and medication is kept in the original container).

Authorization also includes permission for school personnel and/or health care provider to contact each other as needed. Medication and Treatment information is kept confidential but may be shared with appropriate school staff, administration, health care personnel, or emergency services.

Parent/Guardian Signature: _____ Date: _____

Relationship: _____

OVER THE COUNTER MEDICATION (OTC) & TREATMENTS

This section MUST be completed & signed by PARENT or GUARDIAN

Medication: _____ Reason for Use: _____

Form of Medication/Treatment: ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Ointment ☐ Other

Instructions (Schedule and dose to be given at school): _____

*Student is capable and responsible for **self-administering** the above prescription medication ☐ Yes Unsupervised ☐ Yes Supervised ☐ No

I give permission for my child _____ to receive the above medication at school in accordance with CSPA school medication administration policy. (CSPA requires parent/guardian deliver medication to school and medication is kept in the original container).

Authorization also includes permission for school personnel and/or health care provider to contact each other as needed. Medication and Treatment information is kept confidential but may be shared with appropriate school staff, administration, health care personnel, or emergency services.

Parent/Guardian Signature: _____ Date: _____

Relationship: _____

SELF ADMINISTER/SELF-CARRY *This section must be completed by a parent/guardian*

This student is capable and responsible for **self-administering** the above prescription medication ☐ Yes Unsupervised ☐ Yes Supervised ☐ No
Students in grades 6-12, may self-carry a single dose of their medication ONLY with signed permission and ONLY when in the original container.

I give permission for my child _____ to ☐ self-administer ☐ self-carry the above medication at school in accordance with CSPA School

Self-Administration Policy. Authorization also includes permission for school personnel and health care providers to contact each other as needed. Medication and Treatment information is kept confidential but may be shared with appropriate school staff, administration, health care personnel, or emergency services.

Parent/Guardian Signature: _____ Date: _____

Relationship: _____



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This form must be complete if your child will not be the age of five (5) by September 1, 2022

KINDERGARTEN WAIVER REQUEST FOR 2022-2023 SCHOOL YEAR

According to Michigan Law (MCL 380.1147), if a child residing in the Cedar Springs District is not five years of age on September 1, 2022 but will be five years of age not later than December 1, the parent or legal guardian of that child may enroll the child in kindergarten for the 2022-2023 school year if the parent or legal guardian notifies the school district that he or she intends to enroll the child in kindergarten.

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

Student Name _____

Date of Birth _____

Verification of Age

☐ Birth Record

☐ Court Record

☐ Government Record

☐ Citizenship Paper

☐ Hospital Record

☐ Other: _____

Evidence of School Readiness (provided by parent)

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature _____

Date _____

Patent/Guardian's printed name _____

Cedar Trails Elementary Recommendation

☐ Cedar Trails Principal agrees with the recommendation of the parents to enroll in Kindergarten.

☐ Cedar Trails Principal recommends Kindergarten begin in September of the next school year for the following reasons:

School Administrator Signature _____

Date _____

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