



CABRINI PRE-K AT SACRED HEART

701 Franklin Street • West Reading, PA 19611 • 610-373-3316 • www.sacredheartreading.com

Welcome to Cabrini PreK at Sacred Heart! August 2017

Dear Parents,

We are very excited to welcome you to the FIRST PreKindergarten Class! So many great things will happen in our PreK! Our objective is to prepare your child for Kindergarten emotionally, socially, academically and spiritually in a positive and nurturing environment. The class will be learning and exploring many concepts and themes throughout the year, and we are thrilled to begin our journey together.

Here are some important dates for your calendar:

- August 23: **Back to School Night**. This informal gathering of students parents and faculty will take place in front of Sacred Heart School, and in the gym. Drop by anytime from 6-8 PM to say hello to your teacher, play some games and have some fun.
- August 31: **PreKindergarten Parent Orientation**. This is a "Parents Only" event from 6:30-8:00, which will begin in the IHM Room.
- September 5: **First Day** for PreKindergarten.

Drop-off for PreK is at 8:15 at the parking lot door, where a faculty member will be waiting. **Pick up** for half-day students is at 11:30, and for full-day students at 2:15, at the parking lot door. Students will be walked to the door by a teacher.

For the first week, you may park your car and walk your child to the classroom. Once your child is settled in, we ask that you say your good-byes quickly and depart. Always say goodbye and communicate what time you will return, and reinforce that you feel comfortable with them being here. **We will call you if your child does not feel comfortable – we promise!**

Snack will be provided daily. Please send in \$10/month (\$90/year) to cover snacks for the year. Please inform us of any food allergies your child may have.

Lunch (for full-day students) should be packed from home. We do not have refrigeration or microwaves available for student use.

Uniforms: Red polo shirt (either long or short sleeve), blue chino-type shorts, pants or skirt. These can be purchased anywhere, but McGinn School Apparel (12 S. 5th Avenue, West Reading, 610-939-1503) is our "official outfitter" and carries everything you will need. Students should wear sneakers or school shoes that they can run and play in.



Extra clothes: Please send in an extra set of clothes, including socks, to keep at school in case of emergency (this does not have to be "uniform" clothes – play clothes are fine). Send clothing in a large Ziploc bag labeled with your child's name on the outside of the bag.

Speaking of labels.... Please label everything you send in to school, including jackets, sweaters and sweatshirts.

Calendar: A calendar is included with this letter. We will be following the Sacred Heart School calendar for early dismissal days so that our teachers can attend professional development activities.

Inclement weather: We will follow the decisions of Wyomissing Area School District and Sacred Heart School regarding delayed openings and closures due to inclement weather. If SHS and Wyomissing are on a one hour delay, Cabrini PreK will open at 9:00 AM. If there is a two hour delay, we will open at 10:00 AM. If there is a three hour delay, we will open at 11:00, and there will be no PreK for half-day students.

Communication folder: A red Communication folder will be sent home daily – please remember to check!

You can help your child be ready for the first day by doing the following:

- Practicing his/her full name, parents' name and phone number
- Practice washing hands with soap and water, and drying them.
- Teaching your child how to put on (and take off) jackets, sweaters, or any clothing involving zippers, snaps and buttons.

Students MUST be "lavatory independent" before attending Cabrini PreK at Sacred Heart.

We can't wait to see you at Back to School Night and PreK Orientation, and we look forward to watching your child learn, grow and flourish through this year.

Sincerely,

Miss Julia Wentzel, Teacher
Mrs. Kathy Napolitano, Principal



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IMPORTANT MEDICATION REMINDER

July 25, 2017

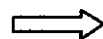
If your child needs to take medication during the course of the school day, please remember the following:

1. If your child needs an inhaler, it needs to be in the school office. If an inhaler is needed and is not in school, your child will not be able to participate in gym class.
2. If your child needs an Epi-Pen or Benadryl for an allergy related medical emergency, be sure that the medications are sent to the school office.
3. It is always best, if your child needs the above medication, to have one on hand at home and one in school.
4. Medication must be in the original container, clearly marked with the directions and the name of the child. Your pharmacist should be able to give you two containers if you need to keep medication at home and in school.
5. A signed medication form must be completed for prescriptions and over-the-counter medication.
6. Check expiration dates.
7. Try to give prescription medication at home. Example: Antibiotics

Thank you for your cooperation with this important matter.

Sincerely,

Kathy Napolitano, Principal



Medication Request Form

Students Name: _____

Name of medication:

Reason:

Side Effects:

Time and dose(s) to be given at school:

List all medications currently being taken by this child:

PARENT REQUEST

I, the parent/guardian of request that the employees (nurse, principal, or principal designee) of Sacred Heart School to administer the above named medication as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against the Sacred Heart School. Additionally, I agree to hand deliver the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept responsibility to provide a physician's note and my written instructions if the medication is to be changed or discontinued. I give permission for the school and physician to communicate regarding this medication and medical condition.

Date: _____ Parent/Guardian Signature _____



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2017-2018

Cabrini Pre-K School Calendar

First Trimester

August

Wed.23 Back to School Night 6:00-8
Thursday 31 Pre K Orientation 6:30

September

Tuesday 5 1st Day of Pre-K

October

Monday 9 School Closed-Diocesan Convention
Friday 20 Noon Dismissal-Faculty Meeting

November

Tuesday 21 Noon Dismissal
Wed. 22 No School-Thanksgiving Holiday
Thurs-Fri 23-24 No School-Thanksgiving Holiday
Monday 27 No School-Thanksgiving Holiday

Second Trimester

November

Tuesday 28 School Reopens
Thursday 30 Bazaar Preview

December

Friday 1 Christmas Bazaar
Friday 22 Noon Dismissal
Mon-Fri. 25-29 School Closed Christmas Holiday

January

Monday 1 School Closed - New Year's Holiday
Tuesday 2 School Reopens
Monday 15 School Closed - MLK Day

Second Trimester

January

Sunday 28 Opening of Catholic Schools Week
Mon-Wed.29-31 Catholic School's Week

February

Thurs.-Fri. 1-2 Catholic Schools Week
Friday 16 Noon Dismissal-In Service
Monday 19 School Closed-President's Day

March

Monday 5 Walk for Annual Fund Kickoff

Third Trimester

March

Friday 9 Noon Dismissal-Curriculum
Wed. 28 Noon Dismissal
Thurs.-Fri. 29-30 School Closed-Easter Holiday

April

Monday 2 School Closed-Easter Holiday
Tuesday 17 Noon Dismissal-Faculty Meeting

May

Friday 4 Walk for Annual Fund
Monday 7 Rain Date (Walk for Annual Fund)
Wed. 9 May Procession
Friday 25 Last Day for Pre-K

CALENDAR SUBJECT TO CHANGE

Supply List for Cabrini PreK at Sacred Heart

The following items should be brought to PreK on the first day of school:

- 4 "My First Ticonderoga" pencils
- 2 boxes of 8-count large Crayola Crayons
- 4 glue sticks (any size/color/brand)
- 1 blunt-tipped child's scissors
- 1 solid-colored zippered pencil case labeled with first and last name (large enough to hold materials listed above)
- 1 backpack labeled with first and last name (large enough to hold a standard-sized folder)
 - 1 lunchbox, labeled with name
 - 2 boxes of tissues
 - 1 container of Clorox, Lysol or store-brand wipes
 - 1 box of Band-aids (any brand)
- \$50 for crafts/activities (cash or check made to Julia Wentzel)
As mentioned in previous letter:
- 1 set of extra clothes, including underwear and socks, in a labeled Ziploc bag
- \$10/month for snacks (can be paid all at once or per month - check made out to Julia Wentzel)
 - One foldable nap-mat, labeled with name

**CABRINI PRE-K AT SACRED HEART SCHOOL
EMERGENCY INFORMATION CARD
2017-2018
RETURN THIS FORM TO THE SCHOOL OFFICE**

Student's Name: _____ Grade: _____
 Birth date: _____ Homeroom/Teacher: _____

Parent/Guardian _____ Home phone _____
 Address _____ Employer _____
 City/zip _____ Work phone _____
 Relationship _____ Cell phone _____
 Email _____

Parent/Guardian _____ Home phone _____
 Address _____ Employer _____
 City/zip _____ Work phone _____
 Relationship _____ Cell phone _____
 Email _____

Student lives with: Parents _____ Mother _____ Father _____ Other _____
 Public School District _____ Bus _____ Walker _____ Car Rider _____

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

Alternate emergency contact: Please list in order to be called (If your child is sick or needs to be picked up the below numbers will be called IF A PARENT OR GUARDIAN CANNOT BE REACHED. Calls will be made in order that is specified.)

Contact #1* _____ Phone _____
 Relationship _____ (Home, Cell, Work)

Contact #2* _____ Phone _____
 Relationship _____ (Home, Cell, Work)

Contact #3* _____ Phone _____
 Relationship _____ (Home, Cell, Work)

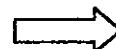
Medical/physical Information

Student's physician _____ Phone _____
 Hospital Preference _____ Second Choice _____
 Insurance Company _____ Policy No. _____
 Group No. _____
 Student's dentist _____ Phone _____

In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

 Parent/Guardian Signature Parent/Guardian Signature Date

Please keep a copy of this form for your records. IMPORTANT: Please update your school immediately if any information changes



**CABRINI PRE-K AT SACRED HEART SCHOOL
HEALTH INFORMATION FORM
2017-2018
RETURN THIS FORM TO THE SCHOOL OFFICE**

Student's Name: _____
 Birthdate: _____

Grade: _____
 Home Tel. # _____

LIST ALL CURRENT MEDICATIONS:

Medication/Dosage/Time Given:	Taken For:

STUDENT'S MEDICAL HISTORY: Please check yes or no for each

	Yes	No	Explain further where needed
ADD/ADHD			
Asthma			
Diabetes			
Food, drug allergy			List allergies:
Bee Sting Allergy			
Glasses/Contacts			
Hearing Difficulties			
Seizure Disorders			
History of major illnesses or surgeries			List:
Condition limiting physical education			Describe:
Other chronic or recurrent condition			List:
Migraine Headaches			

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

 Parent/Guardian Signature

 Parent/Guardian Signature

 Date

 Please Print Name of Parent/ Guardian

 Please Print Name of Parent/ Guardian

Please List Sibling and Grades:
