

# St. Peter Preschool Enrollment



- TuTh Morning Class (3 yr. old) \$105.00 per month  
(7:50 AM – 10:50 AM)
- MWF Morning Class (4 yr. old) \$130.00 per month  
(7:50 AM – 10:50 AM)
- M-F Afternoon Class (4 yr. old) \$190.00 per month  
(12:20 – 3:15 PM)

Parents' First and Last Name \_\_\_\_\_

<u>Child's Name</u>	<u>Age</u>	<u>Birthdate</u>

	<u>Price</u>	<u>Total</u>
Materials/Supplies/Snack	\$115.00	
Monthly fee (1 <sup>st</sup> month)	\$105.00/\$130.00/\$190.00	
<b>Total due</b>		<b><u>\$220.00/\$245.00/\$305.00</u></b>

- Payment for preschool is non-refundable

\*\*\*\*\*

For Office Use Only:

**Total due    \$220.00/\$245.00/\$305.00**

Paid at Registration \$ \_\_\_\_\_ Balance due \$ \_\_\_\_\_

Payment received:      Check # \_\_\_\_\_      Cash \_\_\_\_\_

Receipt # and Date: \_\_\_\_\_

Forms Received:      \_\_\_ Birth Certificate      \_\_\_ Baptismal Certificate  
                              \_\_\_ Physical Form            \_\_\_ Immunization Form

# St. Peter Catholic Preschool



## Family Information (Please print clearly)

Family Last Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Public School District  
In Which You Reside: \_\_\_\_\_

Home Parish: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parents' Marital Status (Please Circle):

Married      Widowed      Separated      Divorced      Remarried

Student resides with:

Both parents      Mother      Father

Other (Please Describe):

I would like to be:      Head Room Mom \_\_\_\_\_

Room Mom Helper \_\_\_\_\_

2019-2020

If you, your spouse or any adult or youth living in your home is listed on the National Sex Offender Public Registry, you and/or the offender are required to contact the Principal or Pastor prior to the offender being on school property, participating in school events, or the first day of school.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Regarding your preschool student:

Name: \_\_\_\_\_ Gender: Male Female  
(First, Middle, and Last)

Preferred Name (for name tags, etc.): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Religion: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Ethnicity (Circle One): American Indian  
Asian/Pacific Islander  
Hispanic  
Black  
White

Siblings and Ages: \_\_\_\_\_

**IF A PARENT CANNOT BE REACHED IN AN EMERGENCY, WHOM SHOULD WE CONTACT?**

(We will try to contact the parents first)

**PRINT CLEARLY**

TRY 1<sup>st</sup>:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone Numbers to try: CELL \_\_\_\_\_ HOME \_\_\_\_\_

WORK \_\_\_\_\_

TRY 2<sup>nd</sup>:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone Numbers to try: CELL \_\_\_\_\_ HOME \_\_\_\_\_

WORK \_\_\_\_\_

TRY 3<sup>rd</sup>:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone Numbers to try: CELL \_\_\_\_\_ HOME \_\_\_\_\_

WORK \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Diocesan Student Ethnic Background Form

To maximize our ability to meet the individual needs of all students, the Diocese is collecting the primary ethnic background of each student. This information will be used only by the Diocese and your school.

What is the **PRIMARY** ethnic background of your child (**please select one**)?

- **Caucasian/White** (A person whose family originally came from any of the European countries.)
- **Hispanic/Mexican** (A person whose family originally came from Mexico.)
- **Hispanic/Other than Mexican** (A person whose family originally came from Central or South America. For example: Cuba, Puerto Rico, Haiti, Honduras, El Salvador, Nicaragua, Guatemala, Columbia, Venezuela, Brazil, or Argentina.)
- **Asian-American/Vietnamese** (A person whose family originally came from Vietnam.)
- **Asian-American/Other than Vietnamese or Middle-Eastern** (A person whose family originally came from Asia. For example: China, Japan, Korea, Cambodia, India, Malaysia, Pakistan, Afghanistan, Philippine Islands, or Thailand.)
- **Middle-Eastern** (A person whose family originally came from the Middle East, southwest Asia, or northern Africa. For example: Lebanon, Iraq, Iran, Israel, Saudi Arabia, Syria, Turkey, Egypt, Tunisia, Libya.)
- **Black/African-American** (A person whose parents were born in this country but whose family originally came from Africa.)
- **Black/Not African-American** (A person whose parents were born in Africa, Jamaica, Bahamas, Bermuda, Haiti, Dominican Republic or Grenada.)
- **American Indian (Native American)/Alaska Native/ Native Hawaiian/Pacific Islander** (A person whose family has origins from the original tribes or peoples of North America, Alaska, Hawaii, or the Pacific Islands.)



## School Communication Form

Family Name \_\_\_\_\_

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

Email Address #1: \_\_\_\_\_

Email Address #2: \_\_\_\_\_

## School Messenger Information

Phone Number #1 \_\_\_\_\_

Please check one:  Home  Cell

Phone Number #2 (if applicable) \_\_\_\_\_

Please check one:  Home  Cell

# St. Peter Catholic Preschool

## Parent Handbook



11010 Southwest Blvd.  
Wichita, KS 67215  
316-524-6585

### **Mission Statement "To Teach Jesus Christ"**

St. Peter Catholic School provides quality education for the spiritual and the academic excellence of its students. It will enable students to learn the skills, acquire the knowledge, and develop the CHRIST-LIKE VALUES necessary to reach their full potential as Catholic citizens who can meet the challenges of living in society.

### **Class Offerings for 2019-2020**

**Monday Wednesday Friday 4 year olds 7:50-10:50 AM**

**Tuesday Thursday 3 year olds 7:50-10:50 AM**

**Monday through Friday PreK 12:20-3:15 PM  
(those going to Kindergarten the following year)**

**Classroom doors open 10 minutes prior to start time**

## **Philosophy**

At St. Peter, we take a traditional approach to education. We have a set schedule that we follow everyday, and we try to learn self discipline and control of our body and actions. Children learn best when they know their boundaries and then are free to choose within those boundaries. This gives them a feeling of security while letting them have enough freedom to find out how to make good choices.

Play is a big part of our day. At this age, children learn best through play. It helps them to develop the skills they will need all throughout school. Playing provides skills such as large motor, fine motor, language, self-help, cognitive, and social skills.

We also believe families are a big part of how our children learn and grow. We all need to work together to understand how children learn, and then be supportive. Showing interest in what they do each day and backing our policies is essential.

## **Curriculum**

Our pre-school follows the curriculum set up by the Diocese of Wichita. We believe in a hands-on approach to learning, which involves all of the senses of the body. The children learn best by seeing, trying, touching, and doing. Throughout the day our students will work on beginning skills for subjects such as reading, writing, and math. Some examples are:

- ✓ Calendar- provides math skills such as patterning, numbers and graphing; reading skills such as left to right progression; language skills such as beginning, middle, and end
- ✓ Puzzles- provides eye to hand coordination and fine motor control which are both beginning reading skills
- ✓ Manipulatives- provides fine motor skills
- ✓ Being responsible for book bags, coats, and bathroom skills which will encourage children to learn self-help skills

## **Admission and Immunizations**

A child must be at least three years of age on or before August 31 in order to enter preschool. A certified Birth Certificate from the state, a health assessment form signed by the child's doctor, and a Certificate of Immunization form must be presented before the first day of school. All children attending must be potty trained. Kansas State Law does not allow staff of a preschool to change diapers. If the student has three accidents, he/she will be dismissed from the preschool program.

## **Church Affiliation**

Our program stresses Catholic values. The students will learn some of the basic stories of the Bible, sing songs, and do activities related to the Catholic Church year. Prayers and religion class will be a part of the regular routine.

## **Diocesan Handbook**

St. Peter Preschool is bound by the Diocesan Handbook of School Policies. Policies contained in the diocesan handbook will be adhered to by St. Peter Preschool.

## **Telephone Calls- 524-6585**

Parents may call St. Peter Catholic School during regular hours. Unless there is an emergency, a message will be taken for the teacher to return calls.

## **Monthly Fees**

The monthly fee will be due on the 1<sup>st</sup> of each month for the following month. There will be no refunds or credit given for students' absences. A monthly fee will be charged regardless of holidays or sick days. Fees should be given to the school office. A late fee of \$2 will be assessed for each school day the fee is late. Continuation of non-payment of fees will result in expulsion of the child.

## **Weather Cancellation**

In case of school cancellation, a phone message will be sent to home, cell, and work numbers of parents through the School Reach notification system. Also, please listen to the following stations for school closing in case of severe weather: KWCH (TV 12) KAKE (TV 10) KSNW (TV 3) KFDI (101.3)

\*Please note that we will be listed as St. Peter Catholic School. We are not part of Goddard school cancellations or Catholic Diocese of Wichita cancellations.

## **Fire and Tornado Drills**

Fire and Tornado Drills will be held according to State requirements.

## **Arrival and Dismissal**

Preschool sessions are held from 7:50 – 10:50 AM and 12:20 to 3:15 PM. Children may begin arriving no more than ten minutes prior to the beginning of class. Children can be dropped off through the drive through line, or they can be walked in by parents wishing to park in the back (far north) parking lot of the school. Children will need to be picked up right outside of the front doors of the school by parents or guardians. Children will not be released to anyone except the parent or carpool driver unless previously arranged with the teacher.

If there is an unexpected delay in picking up your child, or if someone other than the assigned person is picking up, please contact the office to let them know. (524-6585)

## **Dress Policy**

Comfortable clothing is important. Shorts are permitted during the warm months. For both boys and girls, jeans or sweats and **tennis shoes** are acceptable dress. Please, dress your children in clothing that they can handle in the bathroom alone and shoes that they can easily get on and off by themselves. **Velcro closures save a lot of time.** Sandals and boots make recess and play time difficult. Tennis shoes are highly encouraged. Girls must wear shorts or leggings under a dress at all times. Please bring an extra change of clothes in a baggie to keep at school in case of accidents or spills.

## **Outdoor Play**

Preschool classes will go outside to play everyday, weather permitting. Please send jackets, heavy coats, hats, and/or mittens when necessary.

## **School Website**

Check out the school website. Visit Class Pages for up-to-date preschool information. [www.stpeterschulte.com/school](http://www.stpeterschulte.com/school)

## **Calendar**

A yearly preschool calendar will be provided at the beginning of the school year. Please note that the preschool calendar is different than the regular St. Peter School calendar. Other classroom and individual notices and reminders will be sent home as needed.

## **Discipline**

Our class rules are: **BE SAFE, BE KIND, AND TRY YOUR BEST.**

Discipline is approached in a positive manner, using guidance to help children develop self-control and problem solving. Parents will be contacted if serious problems develop.

## **Visiting School**

Parents are welcome to visit our preschool during the school day. We ask that you notify the teacher at least one day in advance. Please, no siblings or other children while visiting the preschool. Please check in with the office before going to the preschool room.

## **Volunteering**

It is the policy of the Catholic Diocese of Wichita that every volunteer in any school first complete VIRTUS training. No one will be allowed to volunteer in the classroom prior to completing this training. This is to ensure the safety of all of the children in the classroom, school, and diocese.

## **Conference/Report Cards**

Open House will be held for all families in the fall prior to the start of school.

Conferences will be held in late October and again in February for MWF and M-F students. Conferences in February only for TuTh students. Report cards will be reviewed at Conferences.

## **Kindergarten Requirements**

Before a child will be considered for kindergarten, the family will need to be a registered member of St. Peter Parish. The parish office should have your Parish/Family Agreement on file, as well as your stewardship forms. In addition, you should be an active tithing member of the parish.



## **Parties**

The students will have classroom parties for Christmas and Valentine's Day and the end of the year.

## **Birthdays/Snacks**

Snacks and drinks will be served during each class time. Snacks usually consist of one of the following: crackers, dry cereal, pretzels, cookies, or fruit. Milk is served as the drink. If a child does not like the snack, they do not have to eat it, but no alternatives are offered.

A child has the option to bring a snack on his/her birthday if you so desire. Snacks on this day can be cookies. We will serve milk with our birthday treats.

## **Please, no cupcakes or cake.**

No gum is allowed at any time.

Notify the school office and the teacher of any allergies your child may have!

## **Emergency Information**

Each student is required to have a current emergency information on file at the school office. Please notify the school of any change in any of the information.

## **Absences, Illness, Medications, and Appointments**

Please notify the school office (524-6585) if your child will be absent. Do not send your child to school if he or she has had a fever of 99.2 or more, has been vomiting, or had diarrhea within the last 24 hours.

If a child is injured or becomes sick while at school, he/she will rest in the office while the parent or the person listed as an emergency number is contacted. You may pick up your child in the office if your child gets sick during school.

Parents who need to pick up their child early are to send a note in advance stating the date, time, reason, and the name of the authorized person who will pick up the student.

## **Insurance**

The school and/or parish do not provide accident insurance for students. Most families have their own health insurance coverage.

## **Health**

The school does not furnish medication of any kind. In certain circumstances where medication is necessary in order that the pupil remain in school, the school will cooperate. All medication, prescription or over-the-counter, will be kept in a locked cabinet. All medication should be in its original container. Please do not send unmarked or improperly labeled medicine with your child. A special form needs to be completed for school personnel to dispense medicine.

When a child is absent due to a communicable disease, staff must be informed of the nature of the illness and so that other parents can be informed.

- ✓ Each child's hands will be washed with soap and water before eating and after toileting.
- ✓ Children are allowed to go the restroom individually as needed.

## **Supplies**

The only supply you need to purchase is a **full sized backpack with a zipper closure** that is easy for your child to open and close by themselves. Please do not send the smaller sized backpacks.

# Parent Handbook Acknowledgement of Receipt:

(Please sign and return)

Our family has read the St. Peter Catholic Preschool Handbook and we are aware of the policies contained within.

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

\_\_\_\_\_  
Date

**We understand that our preschool deposit is non-refundable.**

\_\_\_\_\_  
**Signature**

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

**We understand that our preschool payments are not tax-deductible and do not count as our regular tithing offering.**

\_\_\_\_\_  
**Signature**

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





**St. Peter Catholic School**  
**11010 Southwest Blvd.**  
**Wichita, KS 67215**  
**Brenda Hickok, Principal**

**(316) 524-6585**  
**Fax (316) 524-1656**

**PHYSICAL EXAMINATION FORM**

**Statement of Consent:** In order to better serve the health needs of my child, I hereby give my permission for the transfer of health screening records to school and other appropriate health professionals.

\_\_\_\_\_  
**Parent/Guardian** **Date**

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Male/Female:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Physician:** \_\_\_\_\_ **Dentist:** \_\_\_\_\_

**CHILD/ADOLESCENT HISTORY**

Any chronic illness or disabling problems with:

Rheumatic Fever\_\_\_\_ Convulsions\_\_\_\_ Diabetes\_\_\_\_ Earaches\_\_\_\_ Genitalia \_\_\_\_  
 Colds/sore throat\_\_\_\_ Headaches\_\_\_\_ Oral/dental\_\_\_\_ Heart/lung disease\_\_\_\_ Digestive \_\_\_\_  
 Allergies/asthma\_\_\_\_ Urinary/bowel\_\_\_\_ Back/spine/extremity problems\_\_\_\_ Other \_\_\_\_

**PHYSICAL EXAMINATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb or Hct: \_\_\_\_\_ Pulse: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Urinalysis: \_\_\_\_\_ Tuberculosis: \_\_\_\_\_ Other: \_\_\_\_\_

<b>Code Each Item as Follows:</b>	<b>Code:</b>	<b>Description of Findings:</b>
0= No significant findings		
1= Significant findings		
General Appearance		
Integument		
Head - Neck		
EENT		
Oral - Dental		
Thorax		
Breasts		
Cardiovascular		
Abdomen		
Musculoskeletal		
Genitourinary		

**Screening**

Speech: Type of screen \_\_\_\_\_ Results \_\_\_\_\_  
 Hearing: Type of screen \_\_\_\_\_ Results \_\_\_\_\_  
 Vision: Type of screen \_\_\_\_\_ Results \_\_\_\_\_

Significant Assessment Findings:

Anticipatory Guidance: (circle those discussed)

- 1. Safety/poison
- 2. Nutrition
- 3. Lifestyle
- 4. Development

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 Signature of Licensed Physician or Nurse approved to perform health assessments

# KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

*This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-6262 (d) of the Kansas School Immunization Law (amended 1994).*

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

Birthdate (MM/DD/YYYY): \_\_\_\_\_ SEX: [ ] MALE [ ] FEMALE Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ County: \_\_\_\_\_

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
<b>DTap/DT/dTdap</b> (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12.							
<b>Polio</b> Required for school entry.							
<b>HEP B</b> (Hepatitis B) Required for school entry.							
<b>Varicella</b> (Chickenpox) Required for school entry.							
<b>MMMR</b> (Measles, Mumps, and Rubella combined) Required for school entry.							
<b>Influenza (Flu)</b> Recommended annually for ages 6mo and older. Not required for school entry.							
<b>HIB</b> (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
<b>PCV</b> (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
<b>HEP A</b> (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
<b>MCV4</b> (Meningococcal) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
<b>HPV</b> (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
<b>Rotavirus</b> Recommended < 8 mo. Not required for school entry.							

If additional doses are added, please initial the dose and sign below.

Hx of Disease: NO  
Physician Signature: \_\_\_\_\_  
Date of Illness: \_\_\_\_\_

### DOCUMENTATION

KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL

I certify I reviewed this student's vaccination record and transcribed it accurately

Agency Name: \_\_\_\_\_  
Authorized Representative: \_\_\_\_\_  
Address: \_\_\_\_\_

The record presented was: \_\_\_\_\_ Date: \_\_\_\_\_

Kansas Immunization Record  
 Other Immunization Record (Specify) \_\_\_\_\_

### LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-6262"

1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.

2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

KANSAS IMMUNIZATION PROGRAM  
1000 SW Jackson, Suite 210, Topeka, KS 66612-1274  
PHONE 877-296-0464 FAX 785-559-4227

Parent/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.**

As per Kansas Statute 72-6262, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Pre-Kindergarten Ages 0-4		Kindergarten through 12th Grade	
ACIP Recommended Schedule	ACIP Recommended Schedule	ACIP Recommended Schedule	ACIP Recommended Schedule
Birth	HEP B	DTaP: 5 Doses a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4 b) 4 doses acceptable if dose 4 given on or after the 4th birthday c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age	MMR: 2 doses Grades K - 12th a) First dose on or after the 1st birthday b) 28 days minimum interval between doses
2 Months	DTaP/DT POLIO HEP B PCV ROTAVIRUS	Tdap/Td: 7 years and older 3 doses if no history of any DTaP doses (a-b) a) 4 week minimum interval between dose 1 (Tdap) and dose 2 (Td); first dose must be Tdap b) 6 months between dose 2 (Td) and 3 (Td) c) Single dose of Tdap for an incomplete primary DTaP series or; d) Single dose of Tdap required for Grades 7-12	Varicella: 2 doses Grades K - 12th a) First dose on or after the 1st Birthday b) Second dose must be given at least 28 days after first dose c) No doses required if prior varicella disease verified by a physician
4 Months	DTaP/DT POLIO HIB PCV ROTAVIRUS	Polio: Grades K - 7, new students and students completing the polio series All IPV or OPV Schedule a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday	Varicella-ACIP minimum interval for less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age is valid.
6 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS		Hepatitis B: 3 doses Grades K - 12th a) 4 week minimum interval between dose 1 and dose 2 b) 8 week minimum interval between dose 2 and dose 3 c) 16 week minimum interval between dose 1 and dose 3 d) Dose 3 must be given after 24 weeks of age
12-15 Months	MMR VAR HIB PCV HEP A	Combination IPV/OPV - 4 doses required a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule	Additional Notes: - Vaccine doses given up to 4 days before the minimum interval or age may be considered valid. - With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid. - Half doses or reduced doses of vaccine are not considered valid.
12-23 Months			
15-18 Months	DTaP/DT	Polio: Grades 8 - 12th All IPV or OPV Schedule a) 4 doses-4 weeks minimum interval between doses regardless of age given b) 3 doses acceptable - 4 weeks minimum interval between dose 1 and dose 2; dose 3 after 4th birthday	
6 Months after 1st dose	HEP A	Combination IPV/OPV - 4 Doses required a) 4 weeks minimum interval regardless of age given	
ACIP Recommended Schedule <a href="http://www.cdc.gov/vaccines/schedule/">http://www.cdc.gov/vaccines/schedule/</a>		New students and students completing series must have 6 months between last two doses with one dose after 4th birthday	

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at [http://www.kdheks.gov/immunize/imm\\_manual\\_pdf/KCI\\_formB.pdf](http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf)  
BLANK VERSION OF KCI FORM is available at [http://www.kdheks.gov/immunize/download/KCI\\_Form.pdf](http://www.kdheks.gov/immunize/download/KCI_Form.pdf)

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.

The SEE TO LEARN®  
Bears want to  
know if you can  
see well —  
so you can do well  
in school.



**Franklin**

Franklin is named after Ben Franklin, who invented bifocals back in 1784 and is one of the most famous Americans who ever wore glasses. Franklin is a fun-loving guy who likes to play ball with his friends, and he wants to be a pilot when he grows up.

TM

**Cara**

Cara used to hide her eyes when she first got glasses, but she's not shy about them anymore. Now she likes her glasses and all the things they let her see. Cara is a very good student and she wants to be an optometrist when she grows up.



**EYE CARE COUNCIL**  
You can trust your vision to your doctor of optometry.  
1-800-960-EYES