

## 4K Families for the 2020-2021 school year.

Hello upcoming 4K families, due to the pandemic, our open house for enrollment was canceled. We would still like to enroll your child for the 2020-2021 school year by filling out the required paperwork.

### How to access 4K paperwork

- Pick up paperwork on homework/food pick up days and drop it off the same way
- Print paperwork off the School District of Crandon website at [Crandon.k12.wi.us](http://Crandon.k12.wi.us)
  - Mail it into to the School at 9750 US Hwy 8W Crandon or
  - Drop it off on food pick up days
- Have paperwork mailed to you and then return it by
  - Mail it
  - Drop it of on food pick up days

Thank you for filling out the paperwork ahead of time, however your child will still need to be screened.

There will only be one screening day, Wednesday, August 19<sup>th</sup> from 11:30a.m.-6:00p.m.

Please bring with you:

- ♥ Your child
- ♥ Birth Certificate
- ♥ Immunization Record

**4K**  
**Classroom Schedule**  
**2019-2020**

7:50-8:15 Breakfast

8:15-8:30 Morning Meeting

*Monday/Wednesday: Share*

*Tuesday/Thursday: Activity*

8:30-9:00 Self-Directed Play

9:00-9:20 Language Jobs

9:20-9:30 Self-help skills: getting dressed

9:30-10:00 Recess

Mrs. Kevilus recess duty on her PE week

Mrs. Houle-Bukovic recess duty on her PE week

10:00-10:35 Read Aloud/Life Skills

10:10-10:30 Life Skills: Tuesday&Thursday

Mrs. Houle-Bukovic's room

10:35-11:00 Lunch

11:00-12:00 Learning Centers/Play Time

12:00-12:40 Bathroom/Rest Time

12:40-1:00 Snack

1:00-1:30 Stem/PE/Smart Course

1:30-2:00 Math Jobs

2:00-2:30 Recess

2:30-2:55 Fingerplays

3:00 Cafeteria Dismissal (Steph Bruno)

3:05 Bus Dismissal



## Monday/Tuesday or Wednesday/Thursday Request Form

Four-year old kindergarten is two days a week, Monday and Tuesday or Wednesday and Thursday. Preferences will be considered when assigning your child to a class, but cannot always be honored because of class size.

Check which option you would prefer.

I would like, my child, \_\_\_\_\_ to  
attend four-year old kindergarten on:

No Preference

\_\_\_\_\_

Monday/Tuesday

\_\_\_\_\_

Wednesday/Thursday

\_\_\_\_\_

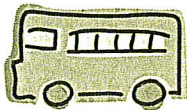
Reason why I made a day request (example: Crandon Headstart, Gte-Ga-Nes, family schedule, custody schedule.)

\_\_\_\_\_

\_\_\_\_\_



# Bus Information



Child's Name \_\_\_\_\_

My child will ride \_\_\_\_\_ bus to school.

He/she will ride \_\_\_\_\_ bus

home/daycare from school.

If you are uncertain as to what bus your child will ride;  
write the address the child is being picked up at on the first  
line above and the address where the child will be dropped  
off at on the second line above.

You also have the option of dropping your child off and  
picking your child up from school. If you plan to transport  
your child check one of the below options.

\_\_\_\_\_ I plan to drop off and pick up my child from  
school on a daily basis.

\_\_\_\_\_ I plan to drop my child off at school on a  
daily basis.

\_\_\_\_\_ I plan to pick my child up from school on a  
daily basis.

## 4K FIELD TRIP PERMISSION SLIP

4K field trips are planned around a social setting. We believe it is important that our 4K students are provided with social situations to engage in building friendships outside of their regular 4K classroom. If you would like for your child to participate in our 4K field trips for the 2020-2021 school year, please sign the permission slip below.

Once the field trip has been planned, we will send a note home informing you of where we will be going. Parents will also be given the opportunity to chaperone our field trips.

Watch for field trip dates in the Newsletter.

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\_\_\_\_\_ has my permission to go to

*(Child's name)*

on all 4K field trips for the 2020-2021 school year.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Parent or guardian's signature)*

Dear Parents,

During our rest time our class will have the opportunity to watch movies. We may also watch a movie during seasonal celebrations, such as Halloween or Christmas. Occasionally, movies may be rated PG. In order for your child to be able to watch a PG rated movie, a permission slip must be signed by the parent. Please complete this form. This form will be kept on file for the school year.

\_\_\_\_\_ I give permission for \_\_\_\_\_ to watch the PG movies  
(students name)

\_\_\_\_\_ I do not grant permission for \_\_\_\_\_ to watch the PG movies  
(students name)

Parent

Signature\_\_\_\_\_

***SCHOOL DISTRICT OF CRANDON  
TYLENOL PERMISSION 2020-2021***



Date \_\_\_\_\_ Teacher \_\_\_\_\_

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

I give the staff of the School District of Crandon permission to give my child a Tylenol when necessary during the 2019-2020 school year.

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



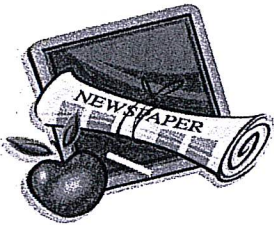
***SCHOOL DISTRICT OF CRANDON  
IMMUNIZATION RECORDS PERMISSION 2020-2021***

Date \_\_\_\_\_ Teacher \_\_\_\_\_

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

I give the staff of the School District of Crandon permission to share immunization records with local health officials (county & tribal as applicable) and exchange immunization information with the Wisconsin Immunization Registry.

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



***SCHOOL DISTRICT OF CRANDON  
MEDIA RELEASE  
PERMISSION 2020-2021***



I grant permission for my student, \_\_\_\_\_, to be published in the newspaper and other form of media during the 2019-2020 school year.

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

## TEACHER:

Student's Legal Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Birthdate: (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Last School Attended: \_\_\_\_\_  
 Sex: M F

**Race:** Federal rules require that registration/enrollment forms must now use a two-part question.

1. Is this student Hispanic or Latino? (Choose only one) \_\_\_\_\_ No, not Hispanic or Latino \_\_\_\_\_ Yes, Hispanic or Latino
2. Is this student : (You must select at least one.) \_\_\_\_\_ American Indian or Alaska Native (Tribe: \_\_\_\_\_) \_\_\_\_\_ Asian \_\_\_\_\_ White  
Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Place of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardian Information: Student lives with:	Mother/Guardian	Father/Guardian	Both	50/50
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Father's Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer Name/Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Busing Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Fire Number: \_\_\_\_\_  
 Township: \_\_\_\_\_  
 Bus Driver: \_\_\_\_\_  
 No. of Miles from School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer Name/Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Busing Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Fire Number: \_\_\_\_\_  
 Township: \_\_\_\_\_  
 Bus Driver: \_\_\_\_\_  
 No. of Miles from School: \_\_\_\_\_

Is this student involved in any expulsion process or behavioral proceedings in another School or District?	Yes	No	If yes, where?

**Siblings/Family Members in household under the age of 18:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Age: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Age: \_\_\_\_\_

Name:		Name:	
Age:		Age:	
Birthdate:		Birthdate:	

**Emergency Contacts:** List name and daytime phone numbers of two people to contact if parents/guardians are not available.

Name#1	Relationship	Phone Numbers

Name#2	Relationship	Phone Numbers

Health factors/allergies school should be aware of

	No	Yes	Name of Insurance Company
Is student covered by Health Insurance?			

If emergency treatment is required and parent/guardian cannot be reached immediately the school authorities will use their own judgement in calling an ambulance.

Custodial Parent/Legal Guardian signature	Date
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# Northwoods Dental Project Healthy Smiles



**A Free Dental  
program is being  
offered at your child's  
school.**

**What:** Dental exams and fluoride varnish applications are being offered to children ages 6 months to 5 enrolled in or eligible for Early Head Start, Head Start, 4-K and Kindergarten.

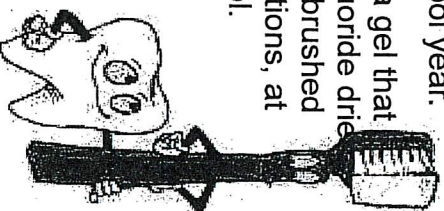
**Where & When:** At your child's school during the school year.

**Why: What is Fluoride Varnish?** Fluoride varnish is a gel that is painted onto the teeth, making them stronger. The fluoride dries almost immediately leaving a coating on the teeth until brushed bedtime. Your child will receive a minimum of 3 applications, at least 6 weeks apart, while our program is at your school.

## Your child will receive:

- Dental Exam
- Fluoride varnish application
- Dental Supplies
- Individual oral health education
- Letter describing dental services is provided with recommendations

**You can help your child have a  
healthy mouth by getting Fluoride  
Varnish!**



**Fluoride  
Varnish  
Saves  
Smiles!**

Healthy Smiles is a program of the Florence, Forest, Oneida and Vilas County Health Departments.

For more information call: 715-479-3758 or view our video at <http://www.vilaspublichealth.com/dentalservices.html#northwoods-dental-project>

This program is a valuable preventive dental service; however, we want to stress that it does not take the place of regular dental visits. We strongly recommend that you find a family dentist for routine dental care including any follow up care recommended after your child has completed this oral health program.

A copy of Northwoods Dental Project HIPAA Policy can be viewed and copied off the Vilas County Health Department website [www.vilaspublichealth.com](http://www.vilaspublichealth.com). If you would like a copy sent to you, please contact us.

## PERMISSION FORM – Please complete and return to school

If your child attends more than 1 school, sign up at ONE school ONLY! **4K students should sign up ONLY at 4K, not at Head Start or Daycare!!**

Name of Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Student's Ethnicity: \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian

\_\_\_\_\_ Multi-Racial \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Unknown

Insurance: \_\_\_\_\_ Medicaid \_\_\_\_\_ BadgerCare/SCHIP \_\_\_\_\_ No Insurance

\_\_\_\_\_ Private Insurance \_\_\_\_\_ Unknown

## Health History

1. Does your home use well water? YES NO

2. Does your child take fluoride supplements, either drops or tablets? YES NO

3. Does your child see a dentist regularly? (2 times/year) YES NO

Name of Dentist: \_\_\_\_\_ City: \_\_\_\_\_

4. Does your child have allergies to any of the following?

**Please circle all that apply:** Pine/Evergreen Tree Sap

5. Please list any special health care needs, medications, allergies or health concerns:

☐ **Yes, I give permission for my child to participate in Healthy Smiles. I understand the program is free and Forward Health may be billed to help cover the costs. I also understand any dental needs my child may have may be shared with county or school health professionals.**

☐ **No, I do not want my child to participate in the Healthy Smiles Fluoride Varnish Program at this time.**

SIGNATURE – Parent or Guardian

Date



### Subscribe to the Just In Time Parenting Newsletters

<https://jitp.info/>

Email Address: \_\_\_\_\_

1st Child's birth date (mm/dd/yyyy): \_\_\_\_\_

Your State: \_\_\_\_\_

Country (if not from the US): \_\_\_\_\_

Language: \_\_\_\_\_

Get up-to-date information specific to your child's age (prenatal through age 5) delivered by email just when you need it.

- Subscribe for any child up to 4½ years old
- Enter birth date to get the right information at the right time (If expecting, enter due date)
- You can add other children later

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There are great reasons to subscribe!

- FREE monthly delivery (bimonthly after first year)
- Ready for mobile devices!
- Commercial free - no toy or product ads
- Full-color PDFs for printing and sharing
- Links to podcasts, videos, and other resources
- Based on research and written by experts who are parents themselves

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**OPINION** *This piece expresses the views of its author(s), separate from those of this publication.*

# Communications time bomb: Parents' smartphone use could be the new secondhand smoke

*Adults' digital habits could be hazardous to children's speech and language development. It's time to act.*

**Theresa H. Rodgers** Opinion contributor

Published 3:15 a.m. ET Jan. 16, 2020

We've all seen it, and many of us are guilty of it: A parent is preoccupied using a phone at the playground, in line at the supermarket, at a restaurant or in a doctor's waiting room as the child sits nearby.

But anyone raising or caring for children today should know this hard truth: When parents or caregivers spend too much time turning away from their kids and toward technology, the foundation for a child's communication skills is weakened. In a world with competing priorities and limited time, experts in my field of speech and language development are already seeing the impacts on children who have missed out on hours of essential, real-life face time — and the results are concerning. Many of my colleagues across the nation say they are seeing more children entering kindergarten with limited communication and social skills. Older children, they say, are unable to handle formal social interactions, like ordering from waitstaff at a restaurant.

While we know that too much technology harms children's brains, parents' digital habits play a role, too. What might seem like innocuous scrolling could be the new secondhand smoke — a personal habit that could endanger their children's health and development in ways we don't yet fully understand.

## **Different effects from smoking, but a similar danger**

Unlike cigarettes, of course, parents' phones, tablets and laptops won't give their children asthma or ear infections or lead to sudden infant death syndrome. Nonetheless, there's a disturbing parallel: Just as with smartphones today, we knew that secondhand smoke was dangerous for decades, yet Americans were largely complacent until the science and research overwhelmingly confirmed what was

suspected. Millions of people breathed in damaging smoke in homes, offices, airplanes, restaurants, bars and cars. Even now, despite much progress promoting smoke-free places and steep declines in the share of Americans who smoke cigarettes, more than a third of 3- to 11-year-olds are exposed to secondhand smoke.

With technology, we can't wait 10 or 20 years until the damage to a generation of children is done. A child's communication clock starts ticking on day one, and from then forward, children need quality interactions with their parents and caregivers. A child's communication skills blossom between the crucial ages of 0 and 3, and human interaction and conversation are the most effective ways to foster healthy development.

To learn to read emotions and engage socially, kids need to see faces and make eye contact. It's how we're wired and how we connect. To learn how to communicate and be prepared for academic — and eventually professional — success, they need parents who are tuned in to their signals and engage them in the back and forth of communication.

### **USA TODAY Editorial Board: Don't blame Apple for smartphone addiction**

Regular, quality interactions with parents — talking, listening, singing, reading and playing together — fuel children's language development and their acquisition of communication skills. And for children to get the brain food they need, parents need to be able to notice and respond to coos, smiles, eye contact and, later on, words, facial expressions, gestures and emotions. With hours less of these interactions each day, a child's foundation for communication and social development is weakened, potentially impacting school readiness and creating a ripple effect throughout that child's life.

Parents can't respond meaningfully when they are buried in their phones and drawn to constant and unprecedented digital demands and distractions, from work emails, texts and calls to the 24-hour news cycle and the surround sound of social media.

## **Parental tech use, by the numbers**

Parental tech use is already an issue for the majority of American families, and a recent YouGov poll commissioned by the American Speech-Language-Hearing Association found that among parents with children ages 8 or younger:

- ▶ 95% say their tech use interferes with daily opportunities for talking, playing and interacting with their child without distraction at least a little.

► 82% are at least a little concerned that their own use of technology might impact their child's communication health and development.

► Half would not want their child to develop their screen-time or tech habits, now or in the future.

For years, speech and hearing experts like me have warned that Americans' technology habits are a ticking "time bomb" that could lead to diminished communication abilities and skills across the population. We can't wait any longer to protect children from the unintended consequences of our society's tech obsessions.

Systemic changes, such as employers assessing the 24/7 digital demands on employees, should be in play. During well-child visits, pediatricians should ask about tech use in the home — just as they ask about smoking and other health risks — and be prepared to have tough conversations and offer tips for reducing parental tech use. And parents themselves can be more mindful of the amount of time they spend using their phones and other digital devices around their children.

**A fix for kids' social media addiction:** Teach them to use tech more responsibly

The smartphone habit might not be easy to kick or curtail immediately, but intentional efforts — even small ones — can begin to make a difference in a child's development. Parents and caregivers are the only ones who can truly defuse this communications time bomb, but we all need to recognize what our children are losing when a device's bright screen becomes more alluring than a child's bright face.

*Theresa H. Rodgers is the 2020 president of the American Speech-Language-Hearing Association (ASHA), a national professional association for audiologists and speech-language pathologists. She is a speech-language pathologist and special education consultant in Prairieville, Louisiana. Follow her on Twitter: @theresahrodgers*