

Pre-Kindergarten Supply List
2010-2011

The following supplies should be labeled and brought to school the day of Pre-Kindergarten Orientation: **Friday, August 6, 2010.**

1. 1 Box of Kleenex
2. 2 Rolls of Paper Towels (one in August and one in January)
3. 1 Kinder-Mat labeled (specify 5/8" x 19" x 45" opened) **Note: All oversized mats will be returned. No built in pillows, blankets, etc. Space is limited.**
4. 1 plain, solid color King size pillow case to cover the mat (labeled)
5. 2 Boxes of 8 **LARGE** Crayola Crayons (**not jumbo and not washable**)-can be bought at School Aids
6. 1 Book bag large enough to hold a legal size folder (no rolling book sacks)
7. Change of clothes in a Zip-lock bag (labeled with child's name, does not have to be uniform clothes): shorts and shirt, underwear, socks

PLEASE PUT YOUR CHILD'S NAME ON MAT, SWEATERS, SWEATSHIRTS, JACKETS, AND ALL EXTRA CLOTHES SENT TO SCHOOL

The teacher will purchase the remainder of the supplies used throughout the year. **A supply fee of \$44.00 is due by August 06, 2010.** Checks should be made payable to St. Jude School and mailed to:

**Att: Bookkeeper/Supply Fee
St. Jude the Apostle School
9150 Highland Road,
Baton Rouge, LA 70810.**

Examples of items to be purchased with the \$44.00 supply fee include:

Pencils	Glue
Scissors	Lots of construction paper
Pocket folders	Foods for cooking activities
Center manipulative	Markers
Art supplies: paper bags, plates, cotton balls, poster board	
Paint brushes	
Science supplies	

Uniform recommendations:

- 1) Shoe: predominately white tennis shoes
- 2) Elastic red belt for young elementary boys
- 3) No rolling book sacks are allowed in PreK-4th grades

PLEASE FILL OUT THIS FORM AND BRING IT WITH YOU WHEN YOU COME TO ORIENTATION ON AUGUST 06, 2010.

PARENT INFORMATION FORM

CHILD'S NAME _____ NAME USUALLY CALLED _____

SEX _____ DATE OF BIRTH _____

BROTHERS AND SISTERS _____

FATHER'S NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT: _____

MOTHER'S NAME _____ OCCUPATION _____

PLACE OF EMPLOYEMNT: _____

MARITAL STATUS _____ CHILD LIVING WITH _____

Experiences and characteristic ways of behaving

1. What adjectives do you feel best describe this child?
2. What are his/her special interests or likes? (e.g. interest in mechanical objects, trains nature, etc.)
3. What activities and what parts of the day does this child enjoy the most?
4. How does he/she react when upset or concerned?
5. What helps reassure him/her or make your child feel secure when upset?
6. What ways of setting limits or enforcing family rules have you found most successful with this child?
7. What are the most important dos and don'ts in your family for children of this age?
8. What specific or general fears does this child have at the present time?
9. What do you feel are the most difficult emotional adjustments your child has had to make thus far?

DEVELOPMENTAL HISTORY

Please indicate any information about this child's growth and development, which may presently influence his/her ability to learn.

1. _____ Full term pregnancy, or _____ Pre-Mature birth?
2. Eating Habits----Any food allergies?
3. Is he/she left or right handed?
4. Have there been problems concerning enough rest/sleep?
5. What is his/her bed time?
6. Does he/she need help getting to sleep (ex. ----a light, special toy, thumb sucking)?
7. What do you consider most unique or characteristic about his/her speech at present?
8. Did your child attend Pre-School? If so, where: _____
9. If there is any other information about your child that would help us to make his/her school experience a happy one, please share it with us.

Signature of parent completing form:

Date: