



John L. Edwards Primary School  
 360 State Street  
 Hudson, New York 12534  
 518-828-4360 ext. 4317



# It's Kindergarten Screening Time!

Dear Parents:

On behalf of the Faculty and Staff, I want to welcome you and your child to the Bluehawk Family. We are very proud of our educational program and we hope that you and your child find our school to be a caring, nurturing educational environment to support their academic and emotional growth. These early years of his/her education are a vital factor contributing to their success in life and the beginning of their love of learning.

Your child's education begins with the completion of the enclosed kindergarten packet and a kindergarten screening. You and your child are also invited to Kindergarten Orientation and school tour in September (the day before the first school day). If this will be your first experience with our school, we urge you to attend, as it will provide a good introduction to our school program and give your child a chance to meet his/her teacher.

**Please remember, to register your child you will need** (you can mail these documents with this packet or bring them when you come, but you cannot register your child without them):

1. Your child's birth certificate
2. Proof of residency (such as a utility bill)
3. Photo ID
4. Custody documents (if applicable)
5. Proof of up-to-date immunizations

To register your child for kindergarten, you must choose three kindergarten screening dates below and list them on the form on the back of this letter:

Monday, March 5  
 Tuesday, March 6  
 Wednesday, March 7  
 Thursday, March 8  
 Friday, March 9

Monday, March 12  
 Tuesday, March 13  
 Wednesday, March 14  
 Thursday, March 15

Monday, March 19  
 Tuesday, March 20  
 Wednesday, March 21  
 Thursday, March 22  
 Friday, March 23

**Please complete the Kindergarten Screening Appointment Form (on the back of this letter) and return it to the JLE main office as soon as possible.** The screening slots fill up quickly and the date & time of your choice may be full if you delay.

  
 Steven A. Spicer  
 Principal

# Kindergarten Orientation & Screening Appointment Form

When you return this form, we will send you a confirmation of your appointment and a registration packet (if you still need one). All attempts will be made to honor your first choice.

Please Print All Information Clearly

**Child's Name:** \_\_\_\_\_  
First Middle Last

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Sex (✓):** Male \_\_\_\_\_ Female \_\_\_\_\_

**Age on Day of Screening:** \_\_\_\_\_ Years and \_\_\_\_\_ Months

**Is your child in a pre-school or daycare program? (✓)** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, where?** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

House #	Street	Apt. #	City/Town	Zip
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**Location of Home (if different from mailing address):**

\_\_\_\_\_

House #	Street	Apt. #	City/Town	Zip
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**Home Phone #:** \_\_\_\_\_ **Work or Daytime Contact #:** \_\_\_\_\_

**Do you currently have any children attending JLE? (✓)** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, your child(s) name(s)?** \_\_\_\_\_

**Their Teacher(s) name(s)?** \_\_\_\_\_

## Kindergarten Screening Appointment

(see Page 1 for available dates)

**Screening Date Preferences:** \_\_\_\_\_  
1<sup>st</sup> Choice 2<sup>nd</sup> Choice 3<sup>rd</sup> Choice

**Appointments are scheduled between 8:20 a.m. and 1:40 p.m.**

**Do you prefer A.M. \_\_\_\_\_ or P.M. \_\_\_\_\_ (✓ one)?**