Michigan's

Kindergarten

Entry Requirements

Menominee County

Great Start Collaborative
Menominee County

Great Start COLLABORATIVE

VISION

Menominee County children experience a Great Start: a healthy birth, appropriate early learning opportunities, on-track development, and a successful entrance to Kindergarten.

MISSION

To ensure all Menominee County children aged birth to eight have access to high-quality developmental and early learning opportunities and enter kindergarten equipped for success.

CONTACT US

Phone : 906-863-5665 ext. 1028
www.greatstartmenomineecounty.org
1201 41st Avenue, Menominee, MI

KINDERGARTEN ENTRY FREQUENTLY ASKED QUESTIONS

The requirement for children to enter Kindergarten in Michigan public schools is 5 years old by September 1st.

FAQ

1 WHAT IS THE AGE MY CHILD MUST BE TO ENTER KINDERGARTEN IN THE FALL?

Children who are 5 on or before September 1, are automatically eligible for kindergarten in the fall of the school year.

2 IS IT POSSIBLE FOR ME TO ENROLL MY CHILD IN KINDERGARTEN THIS YEAR IF HE/SHE TURNS 5 AFTER SEPTEMBER 1ST BUT ON OR BEFORE DECEMBER 1??

Yes, you must inform your resident district in writing of your intent to enroll your child in kindergarten early. This may be done any time prior to the start of the school year.

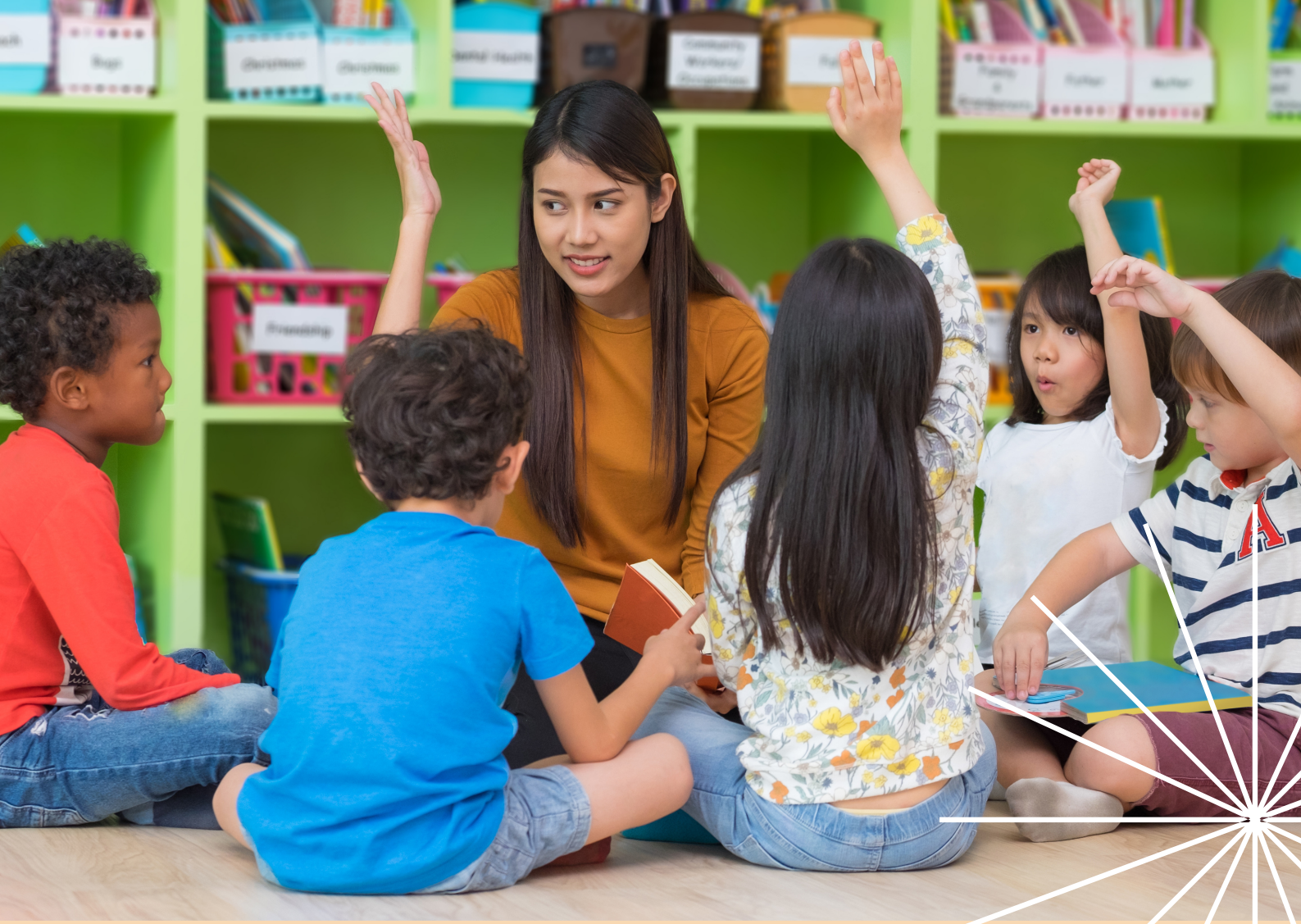
3 WHO DECIDES IF MY CHILD, WHO TURNS 5 BY DECEMBER 1, IS READY FOR KINDERGARTEN?

School districts may make a recommendation to parents about whether a child is ready to enroll in kindergarten, but the parent always has the right to decide whether or not to enroll their child.

KINDERGARTEN REGISTRATION CHECKLIST

MOST DISTRICTS BEGIN TO REGISTER FOR KINDERGARTEN AROUND FEBRUARYOF EACH YEAR FOR THE FOLLOWING SCHOOL YEAR. KINDERGARTEN ROUND-UPS AND SCREENINGS ALSO TAKE PLACE AROUND THAT TIME. THE FOLLOWING IS A GENERAL CHECKLIST THAT WILL MAKE YOUR REGISTRATION PROCESS RUN SMOOTHER AND HELP YOU BE PREPARED WHEN YOU GO.

- Child's Birth Certificate with raised seal
- Child's Immunization Record
- Child's Vision & Hearing Test Results
- Proof of Residency (*driver's license and 2 pieces of mail containing your name and address- utility bills work well*)
- Health Form



Additional Tips

- MAKE THE CALL TO YOUR LOCAL SCHOOL DISTRICT EARLY TO OBTAIN KINDERGARTEN REGISTRATION/ SCREENING DATES
- IF BEFORE/AFTER SCHOOL CARE IS NEEDED, ASK ABOUT THE AVAILABLE PROGRAMS. REGISTRATION FOR THESE IS MAYBE WITH ANOTHER ENTITY (YMCA/DAR/ETC.) SPACES ARE OFTEN LIMITED.
- INQUIRE ABOUT TRANSPORTATION- YOU MAY NEED TO FILL OUT ADDITIONAL PAPERWORK TO REGISTER
- TAKE YOUR CHILD ON A TOUR OF THE NEW SCHOOL. ASK AT REGISTRATION WHEN THIS MAY BE POSSIBLE. BE SURE TO POINT OUT BATHROOMS, LOCKERS, GYM, LUNCHROOM, ETC.
- VISIT THE SCHOOL'S PLAYGROUND DURING THE SUMMER
- MOST OF ALL, ENJOY THIS MILESTONE WITH YOUR CHILD

KINDERGARTEN TRANSITION PARENT GUIDES: THIS RESOURCE IS A SERIES OF TIP SHEETS HIGHLIGHTING A VARIETY OF QUESTIONS PARENTS MAY HAVE WHEN CHILDREN ARE ENTERING KINDERGARTEN.
HTTP://WWW.MICHIGAN.GOV/MDE/0,4615,7-140-6530_6809-152726--,00.HTML

OBTAINING YOUR CHILD'S BIRTH CERTIFICATE

Your child's birth certificate may be obtained from the county in which your child was born. Menominee. Delta. Dickinson. Marquette. Marinette. and Green Bay contact information is below.

MENOMINEE

County Clerk
Website
Phone: 906-863-9968
$10 for vital record

DELTA

County Clerk
Phone: 906-789-5100
Apply online or by mail
Website
Form to apply for a certificate
$10 for a vital record

DICKINSON

County Clerk
Phone: 906-774-0988
Apply online or by mail
Website
$20 for a vital record

MARQUETTE

County Clerk
Phone: 906-225-8330
Apply online or by mail
Website
$15 for a vital record

MARINETTE

Register of Deeds
Phone: 715-732-7550
Apply online or by mail
Website
$20

GREEN BAY

Register of Deeds
Phone: 920-448-4470
Apply in-person, online, or by mail
Website
$20

Dear Parents of future kindergarten students,

The State of Michigan requires children to be age-appropriately vaccinated to enroll in school programs unless a valid exemption applies*. Children entering kindergarten are required to have documentation of the following vaccinations:

- 5 doses DTap
- 4 doses Polio
- 3 doses Hebatitis B, or laboratory evidence of immunity
- 2 doses MMR, or laboratory evidence of immunity
- 2 doses Varicella, or laboratory evidence of immunity, or written statement of varicella disease history from a parent/guardian or physician

Contact your physician or the local health department Immunization Clinic to obtain these vaccinations before the school year starts.

** Parents must provide the school with one or both of the below two waiver forms in order to apply for a valid exemption.

1. Non-medical Immunization Waiver From- The local health department must certify this type of waiver for religious and/or other objection(s) to the vaccine(s). To avoid the back-to-school rush, please make an appointment as soon as possible.
2. Medical Contraindication Form- This medical waiver form is completed by a physician (MD., DO.) verifying a medical reason that prevents the child from receiving a specific immunization (s) for a specific period of time.

Any child with a valid exemption (medical contraindication or nonmedical waiver to a particular vaccination) is considered susceptible to that vaccine-preventable disease and is subject to exclusion from school if an outbreak of the disease occurs.

SCHOOLS Vaccines Required for School Entry in Michigan

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.

	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize.
*If the student has not received these vaccines, documented immunity is required.
All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.

MDHHS Michigan Department of Health & Human Services

Updated December 11, 2019

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.**)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			⇨

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / / _____

Parent/Guardian Signature Date

Was the health history reviewed by a health professional?

☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
		Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ _____ ___/___/___

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ (child's name)'s teeth. As a result of this examination, my recommendation for treatment is: _____

_____ ___/___/___

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

Examiner's Signature Date ***Examiner's Name (Print or Type)*** Degree or License

_____ _____ MI _____ (_____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.