Keystone Public School 2023-2024 Pre-K



Pre-K Program

Requirements for Enrollment:

- 1. Must be four years of age by September 1st
- 2. Immunization record
- 3. Birth certificate
- 4. Social Security Number
- 5. Proof of residence

Expectations for Child Behavior:

- Children will be expected to follow age appropriate classroom rules.
- Children must be potty trained and be able to take care of toileting needs.
- Children will be expected to obey the teacher.
- Children will be expected to participate in small and large group activities.
- Children will not exhibit aggressive behavior such as hitting or biting.
- Children will be expected to arrive on time and have good attendance.



Welcome to Keystone PreK! We are looking forward to a great year.

If your child is a car rider they need to be dropped off at the PreK building starting at 7:45 until 8:15. Bus riders will be "escorted" to our building upon arrival.

Our day starts when the students arrive. They will participate in "table top" activities until we go to breakfast as a group at 8:25. After breakfast our morning consists of Literacy learning, which incorporates hands-on small and whole group learning.

Lunch is served at 11:30 followed by lunch recess. After recess, our class will expand our math and social skills during center time.

Our days are packed with fun activities and "hard" work, in order to finish our day we will have a rest and recuperate time. Students do not have to go to sleep but need to lie still. Your child will need a rest mat and a beach towel to rest comfortably.

We will have a small snack after rest time followed by an afternoon recess.

Our school day ends at 3:10, car riders will be picked up in front of the main office. A teacher will load them in your car. Bus riders will be taken to their buses to go home.

I look forward to meeting each of you!! If you have any questions, please feel free to reach out my email address is ktaylor@keystone.k12.ok.us

Mrs. Taylor



Pre-K Class Supply List

- 1 Backpack (no wheels)
- 1 Change of clothes to leave at school
- 1 Nap Mat and beach towel
- 1 Headphones (No earbuds please)
- 4 Glue sticks
- 2 Boxes Markers 8 to 10 count package of the Crayola classic color washable markers
- 2 Boxes crayons 24 count
- 6 Cans of Play Doh any color
- 1 Pkg of Expo Dry-erase markers
- 1 Box of Kleenex
- 1 Box of ziploc baggies any size

Boys-1 container of Clorox/Lysol wipes Girls-1 package of Baby Wipes

***Please put your child's name on the rest mat and beach towel. No need to write names on any of the other items.

Keystone Public School - Enrollment and Information Update Form

2023-2024 School Year

For Office Use Only:						
Student I.D.#	_		Bus Route A	M:		
STN:						
Date of Enrollment:						
Student Name:				_ Child's Cเ	ırrent Age:	
Last	First		Middle			
Grade: PK / K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8	Male	Female	Birth Date:			
Social Security No			th			
CDIB No.						
Is your Child of Hispanic/Latino culture or What is your Child's race? (Choose 1 or more	•	,	sian \ Pacific Isla	ander \ Wh	ite/Caucasian	
Student Name:				_ Child's Cเ	ırrent Age:	
Last	First		Middle			
Grade: PK / K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8	Male	Female	Birth Date:			
Social Security No.			th			
CDIB No.						
Is your Child of Hispanic/Latino culture or	origin? (Yes					
What is your Child's race? (Choose 1 or more	,					
Student Name:				Child's Cu	ırrent Age:	
Student Name:	First		Middle	_ Child's Cเ	ırrent Age:	
Last		Female		_		
Last Grade: PK / K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8	Male		Birth Date:			
Last Grade: PK / K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 Social Security No	Male	Place of Bir	Birth Date: th			
Last Grade: PK / K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 Social Security No CDIB No Is your Child of Hispanic/Latino culture or	Male	Place of Bir Tribe: or No)	Birth Date: th		/	
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Parent/Legal Guardian (#2)

Parent/Legal Guardian (#1)

Legal Name:		I egal Name	e:	•									
Relationship to Student:		Relationship to Student:											
Address:		Address:											
Cell No.:		Cell No.: Work No.: Employer: Email Address:											
								Lives in Household with Student?Yes				Student?	
								Please list two relatives or friends we can co	ontact in an em	nergency:		_	nnot be reached)
								Name:	Phone:		Relationsh Stu		
Name:	Phone:		Relationsh Stu										
Does student have a non-custodial parent? Name:		If yes, pleas	se provide th	e following info	ormation:								
If yes, are there any restrictions on the non			No If yes. n	lease provide	legal document.								
Name of child's Physician:					-								
Does student require medication at regular	intervale durin	a the school	day?	Yes	No								
If yes, legal guardian/parent must complete					INU								
Last School Attended:													
	Street Address		City	State	Zip Code								
Last School Attended: Name of School	Street Address		•	State	Zip Code								
Last School Attended: Name of School Family Information: (Please list child	lren under the age	e of 18 still living	g at home.)		Zip Code								
Last School Attended: Name of School		e of 18 still living	•		Zip Code								
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