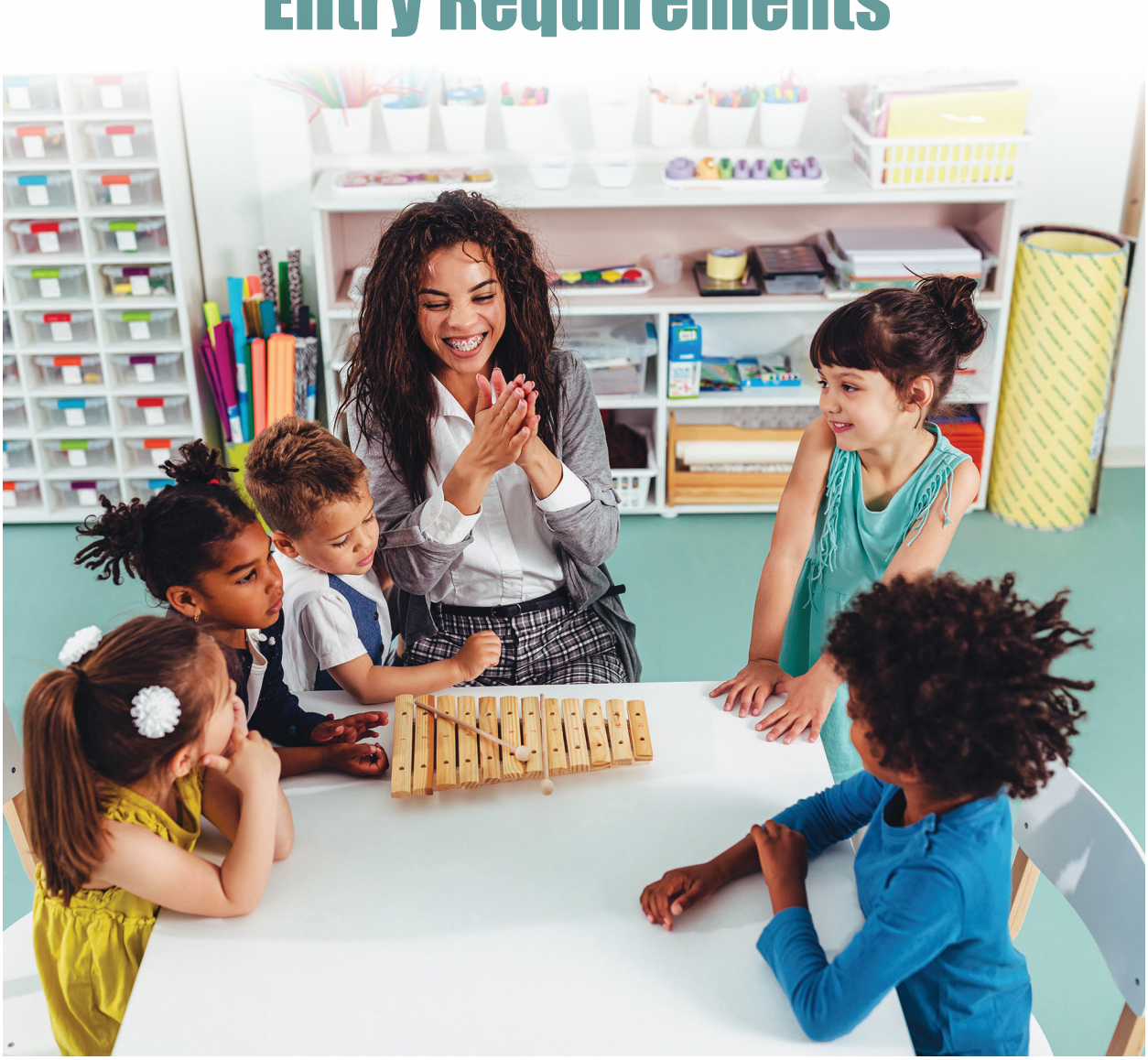
# Michigan's Kindergarten Entry Requirements



Great Start
Great Parents, Great Start–Macomb

Great Start Collaborative
Macomb County
A partner of the Early Childhood Investment Corporation

Macomb Community Action

Health Department

Macomb Intermediate School District

**Macomb Intermediate School District**
44001 Garfield Road
Clinton Township, MI 48038-1100
**www.misd.net**



## MISSION

Macomb Intermediate School District:
**Service, Support and Leadership**

## VISION

We are the Macomb Intermediate School District.

We provide quality service to special education and general education students, instructional and technical support to school staff, and cutting-edge educational leadership in Macomb County.

We are committed to all the students of Macomb County. To serve them well, we are resolute in involving parents, school personnel, and the community at large, including business, government, and civic organizations as active partners in planning, delivering and evaluating our services.

We work directly with individuals with disabilities who reside in Macomb County School Districts. We serve students of all ages, from newborns to adults, meeting their unique learning needs and supporting their families all along the way.

Within the twenty-one local districts and public charter schools, we focus our efforts on building capacity with school staff. Through quality training and instructional support, we increase their knowledge, skills and abilities so all students receive a rigorous and effective educational experience.

We promote all aspects of the educational process through our development and support of technology. We provide training in the use of essential technology tools that enhance curricular, instructional and administrative services in our schools and, as a result, opportunities are expanded for all.

We work collaboratively with colleges and universities and are leaders in state and national programs. We anticipate needs and opportunities, all with the single purpose of identifying, developing and implementing programs and practices that, through education, improve the quality of life in Macomb County.

# Kindergarten Entry Frequently Asked Questions

The entry age for Kindergarten in a Michigan public school or public school academy gradually changed to require children to be 5 years old by September 1, rather than the current cutoff date of December 1.

Michigan joins the majority of states that require students to reach age 5 before enrolling in a public school and/or public school academy. The requirement was fully implemented in the 2015–2016 school year.

Kindergarten is a great opportunity for learning but is voluntary in the State of Michigan, meaning that kindergarten attendance is permitted but not required.**

**State of Michigan, 96th Legislature, Regular Session of 2012
**MI Revised School Code 380.1147: Enrollment of children in Kindergarten

| Question | Answer |
|---|---|
| 1. What is the age my child must be to enter kindergarten in the fall of 2023? | Children who are 5 on or before September 1, 2023 are automatically eligible for kindergarten in the fall of 2023. They will count in membership. |
| 2. Is it possible for me to enroll my child in kindergarten this year if he/she turns 5 after September 1, 2023 but on or before December 1, 2023? | 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. The child will count in membership. |
| 3. Who decides if my child who turns 5 by December 1, 2023 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. |
| 4. Will these dates and rules change again next year? | The transition to the September 1st cutoff date for kindergarten entry age is now complete and dates will remain the same unless there is new legislation. Parents' rights to request early entry for children who turn 5 between September 2nd and December 1st will also remain in force unless there is new legislation. |

## Kindergarten Registration Checklist:

Most districts begin to register for Kindergarten around **February** of each year for the following school year. Kindergarten Round Ups 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 (pages that follow have more information)
- Child's **immunization** record (pages that follow have more information)
- Child's **vision and hearing** test results (pages that follow have more information)
- Proof of **residency** (driver's license and 2 pieces of mail containing your name and address - utility bills work well)
- Health form (if required by district)

**Please contact your district for other specific requirements they might have.**

## Obtaining Your Child's Birth Certificate

Your child's birth certificate may be obtained from the county in which your child was born. Macomb, Oakland and Wayne counties all have websites and contact information is listed below.

### *Frequently Asked Questions*

**Who can get a copy of my child's birth certificate?** Anyone listed on the birth certificate or legal guardian.

**How much does it cost to get a birth certificate?** Fees vary from $7.50 to $25.

**What do I need to request a birth certificate?** A valid driver's license or 3 pieces of Identification.

**Can I request a birth certificate online?** Yes, many counties provide an online service.

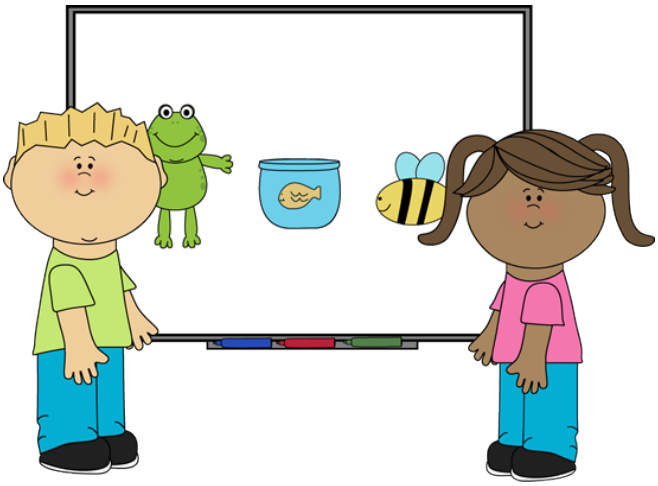
***Macomb County***
120 N. Main Mt. Clemens MI 48043
http://clerk.macombgov.org/
586-469-5120

***Oakland County***
www.oakgov.com
248-858-0581

***Wayne County***
www.waynecounty.com

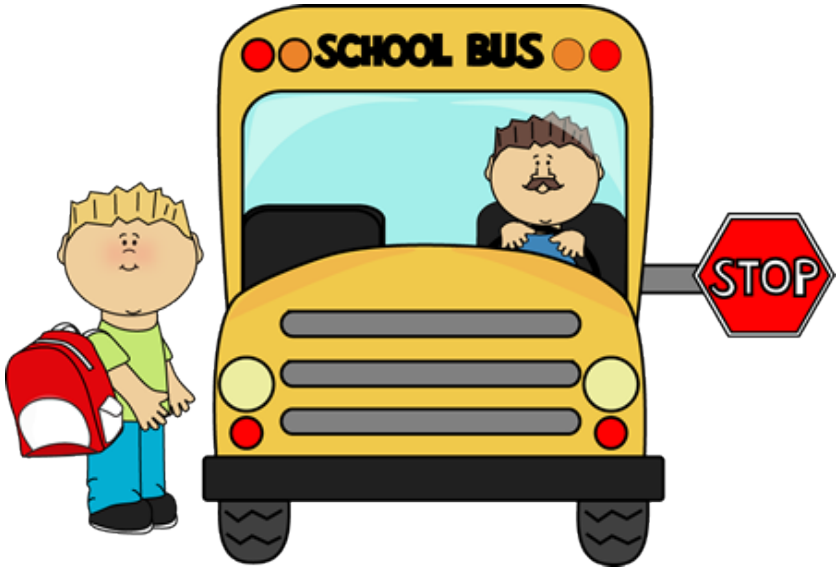
*Child born in the city of Detroit*
640 Temple St Suite 678
Detroit, MI 48201

*Child born outside the city of Detroit*
Office of Wayne County Clerk
C/O Birth/Death Records Division
2 Woodward Ave Room 201
Detroit, MI 48226



## Additional Tips

- Make the call to your local school district early to obtain kindergarten registration dates. Many districts start registration as early as February.
- If before/after school care is needed, ask about the available programs. Registration for these programs is generally done in the spring BEFORE the school year begins. Spaces are limited and generally require a registration fee.
- Inquire about transportation – will your child be bused or will you have to transport your child.
- Take your child on a tour of the new school. Ask at registration when this would be possible. Be sure to point out bathrooms, lockers, gym and lunch room.
- Visit the schools playground during the summer.
- Most of all, enjoy this milestone with your child!



Health Department

Macomb County Health Department
School Immunization Program
43525 Elizabeth Road, Mount Clemens, MI 48043
586-466-6840

**Dear parent of future kindergarten or young five program student:**

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

- ✓ 5 doses DTap
- ✓ 4 doses Polio
- ✓ 3 doses Hepatitis B, or laboratory evidence of immunity
- ✓ 2 doses MMR, or laboratory evidence of immunity
- ✓ 2 doses Varicella, or laboratory evidence of immunity, or statement of disease history.

The following resources are options to obtain the required vaccinations:

1. Physician offices – contact your doctor's office
2. Macomb County Health Department Immunization Clinics, as listed below: **Please call first for services are available by appointment only.**

| | | |
|---|---|---|
| **Temporary Location**<br>21885 Dunham Rd.<br>Clinton Twp., MI 48036<br>**(586) 469-5372** | 27690 Van Dyke Av, Suite B<br>Warren, MI 48093<br>**(586) 465-8537** | 25401 Harper Avenue<br>St. Clair Shores, MI 48081<br>**Temporarily Closed** |

3. Ascension School-based Health center at the following locations:

| | | |
|---|---|---|
| **Warren Mott High School**<br>3131 E 12 Mile Rd Warren, 48092<br>**(586) 558-8765** | **Clintondale High School**<br>35200 Little Mack Clinton Twp., 48035 **(586) 790-4096** | **Center Line High School**<br>26300 Arsenal Center Line, 48015<br>**(586) 510-2232** |

* **Parents must provide the program with one or both of the below two valid exemptions.**

1) **Non-medical Immunization Waiver Form** – The local health department must certify this type of waiver for religious or other objection(s) to vaccine(s).

   To obtain a certified nonmedical waiver, a legal guardian **must schedule an appointment by calling 586 466 6840** & receive an education on the vaccines waived**. Education is only available at the Mount Clemens Health Center.**

2) **Medical Contraindication Form** - This type of waiver is completed by a physician (MD., or DO.) verifying a medical reason that prevents the child from receiving a specific immunization(s) for a specific period of time.

   **It's the parent responsibility to obtain the completed medical waiver form from their doctor and submit to the school the child attends.**

   This form and more information can be found on the SIP visit website at https://health.macombgov.org/Health-Programs-DC-SchoolImmunization

Any child with a valid exemption to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is **subject to exclusion** from the school if an outbreak of the disease occurs.

Health Department

## IMMUNIZATION CLINIC HOURS

By Appointments only

**effective 1/24/2022**

| Health Center | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|---|
| **Mount Clemens Health Center**<br>TEMPORARY LOCATION<br>21885 Dunham Road<br>Clinton Township, MI 48036<br>(586) 469-5372 | Open<br>8:30-4:30<br><br>TB testing:<br>8:30-4:30 | Open<br>8:30-4:30<br><br>TB testing:<br>8:30-4:30 | Open<br>8:30-**6:30**<br><br>TB testing:<br>8:30-4:30 | Open<br>8:30-4:30<br><br>No TB testing;<br>**can read results** | Open<br>8:30-4:30<br><br>TB testing:<br>8:30-4:30 |
| **Southwest Health Center**<br>27690 Van Dyke, Ste. B<br>Warren, MI 48093<br>(586) 465-8537 | Open<br>8:30-4:30<br><br>TB testing:<br>8:30-4:30 | Open<br>8:30-4:30<br><br>TB testing:<br>8:30-4:30 | Open<br>8:30-4:30<br><br>TB testing<br>8:30-4:30 | Open<br>8:30-**6:30**<br><br>No TB testing;<br>**can read results** | Open<br>8:30-4:30<br>TB testing:<br>8:30-4:30 |
| **Southeast Family Resource Center**<br>25401 Harper Avenue<br>St. Clair Shores, MI 48081<br>(586) 466-6800 | Temporarily Closed for Immunization service | | | | |

**For CHILDREN**: A PARENT OR GUARDIAN MUST be available to complete & sign clinic health forms for each child. Forms are available at: http://health.macombgov.org/Health-Programs-FamilyHealthServices-ImmunizationClinic

**WHAT YOU NEED TO BRING WITH YOU TO THE HEALTH CENTER**:

1. IMMUNIZATION RECORD(S) for all persons being immunized
2. INSURANCE CARDS(S) for all persons being immunized
3. VALID IDENTIFICATION

**PAYMENT/BILLING INFORMATION:**

- There are charges for the administration of vaccines – **cash, check or credit cards.**
- **We cannot accept payments by Health Savings Accounts (HSA) or debit only cards.**
- Medicaid/Medicare Part B will be billed for approved vaccines.
- Macomb County Health Department can bill some commercial insurances for immunization services.
- Adults and children who have no insurance or who have insurance that does not cover the cost of vaccines may be eligible to receive vaccines at reduced cost.

**For more information:**

- Please call (586) 469-5372 or (586) 465-8537 and ask to speak with an Immunization Program Registered Nurse, or
- Visit our website for **updates and holiday schedules**: http://health.macombgov.org/Health-Programs-FamilyHealthServices-ImmunizationClinic
- Like us on Facebook: https://www.facebook.com/PublicHealthMacomb

# Your Child at 5 Years

How your child plays, learns, speaks, and acts offer important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ❑ Wants to please friends
- ❑ Wants to be like friends
- ❑ More likely to agree with rules
- ❑ Likes to sing, dance, and act
- ❑ Is aware of gender
- ❑ Can tell what's real and what's make-believe
- ❑ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ❑ Is sometimes demanding and sometimes very cooperative

### Language/Communication

- ❑ Speaks very clearly
- ❑ Tells a simple story using full sentences
- ❑ Uses future tense; for example, "Grandma will be here."
- ❑ Says name and address

### Cognitive (learning, thinking, problem-solving)

- ❑ Counts 10 or more things
- ❑ Can draw a person with at least 6 body parts
- ❑ Can print some letters or numbers
- ❑ Copies a triangle and other geometric shapes
- ❑ Knows about things used every day, like money and food

### Movement/Physical Development

- ❑ Stands on one foot for 10 seconds or longer
- ❑ Hops; may be able to skip
- ❑ Can do a somersault
- ❑ Uses a fork and spoon and sometimes a table knife
- ❑ Can use the toilet on her own
- ❑ Swings and climbs

### Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't show a wide range of emotions
- ❑ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ❑ Is unusually withdrawn and not active
- ❑ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ❑ Doesn't respond to people, or responds only superficially
- ❑ Can't tell what's real and what's make-believe
- ❑ Doesn't play a variety of games and activities
- ❑ Can't give first and last name
- ❑ Doesn't use plurals or past tense properly
- ❑ Doesn't talk about daily activities or experiences
- ❑ Doesn't draw pictures
- ❑ Can't brush teeth, wash and dry hands, or get undressed without help
- ❑ Loses skills he once had

**If you notice any of these signs of possible developmental delay**, tell your child's doctor or nurse, and talk to someone at your local public school who is familiar with services for young children. For more information, visit **nyc.gov** and search for "Child Development."

Content provided by the Centers for Disease Control and Prevention, Learn the Signs. Act Early program. For more information go to www.cdc.gov/ActEarly.

NYC Health

## Your Child's Growth Is More Than Physical

To learn more about development visit nyc.gov and search for "Child Development"

Health Department

**Hearing and Vision Program – Southeast Family Resource Center**
**25401 Harper Avenue, St. Clair Shores, MI 48081**
**Phone: 586-412-5945 Fax: 586-771-6705**

## HEARING AND VISION TESTING FOR INCOMING KINDERGARTENERS

Dear Parents/Guardians:

According to the Michigan Public Health Code (Act 368 of 1978), children entering kindergarten must have their hearing and vision tested **before the first day of school**.

Macomb County Health Department provides this service free of charge, **by appointment ONLY**, at various locations/dates from March – May. Please schedule your appointment now so your child will be prepared for kindergarten this fall. We do not offer screenings in June or July. Limited August appointments fill up quickly. If you have not arranged to have your child screened prior to the start of school, it will be necessary for you to visit your doctor for this service.

**Important information to know:**

- If your child attends pre-school in Macomb County, check with the pre-school to see if hearing and vision screenings have already been held or are scheduled to be conducted before the end of the school year. If this is the case, you will obtain the required paperwork for kindergarten entrance from your pre-school provider.
- If your child did not attend pre-school or was not screened due to absence on screening day at their pre-school, please call the Hearing & Vision Program at Macomb County Health Department at (586) 412-5945 to schedule an appointment. You will be notified of locations and appointment times when you call.
- **DO NOT SCHEDULE AN APPOINTMENT FOR LOST OR MISPLACED PAPERWORK.** If you have lost or misplaced your paperwork, please call the office to discuss your options for obtaining documentation.
- For entrance into kindergarten, documentation is required and provided by Macomb County Health Department (see sample below). Please put this document in a safe place until it is time for kindergarten registration.

MACOMB COUNTY HEALTH DEPARTMENT
HEARING AND VISION PROGRAM
586-412-5945

PARENT/GUARDIAN: IMPORTANT

This form must be presented when child enters kindergarten in accordance with Michigan Public Health Code (Act 368 of 1978).

CHILD'S NAME:

DATE: SCREENING LOCATION:

| HEARING SCREENING | VISION SCREENING |
|---|---|
| ☐ PASSED | ☐ PASSED |
| ☐ DID NOT PASS - An examination by your local health department or family doctor is required. | ☐ DID NOT PASS - An examination by an optometrist or an ophthalmologist is required. |

MDHHS Trained Hearing Technician

MDHHS Trained Vision Technician

S:\Health Promotion & Disease Control\Hearing and Vision\HEV FORMS FOR PRINTING\MCHD-HV-PS_Results_01.2017



Keep your yellow Pass/Fail slip in a safe place until kindergarten registration!

# 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 ⇨

_____ / /
***Parent/Guardian Signature*** Date

**Birth History:**

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

If yes, please describe:

If yes, list medications:

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 _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ ____/____/____

***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.