

Michigan's Kindergarten Entry Requirements



Macomb
Community
Action



Health
Department





Macomb Intermediate School District

44001 Garfield Road
Clinton Township, MI 48038-1100
www.misd.net

Board of Education

John A. Bozymowski, *President*
Theresa J. Genest, *Vice President*
Edward V. Farley, *Treasurer*
Donald R. Hubler, *Secretary*
Brian White, *Trustee*

Michael R. DeVault, *Superintendent*
Dr. Alesia L. Flye, *Chief Academic Officer*

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.

The Macomb Intermediate School District (MISD) is an Equal Opportunity Employer. It is the policy of the MISD that no person on the basis of race, creed, color, religion, national origin, age, sex, height, weight, marital status, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which the MISD is responsible. Inquiries regarding compliance with Section 504, Title IX, or the Americans with Disabilities Act may be directed to: Rosetta K. Mullen, Assistant Superintendent of Human Resources/Legal Affairs and Coordinator under Section 504, Macomb Intermediate School District, 44001 Garfield Road, Clinton Township, Michigan 48038-1100, (586) 228-3309.

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 2020?	Children who are 5 on or before September 1, 2020 are automatically eligible for kindergarten in the fall of 2020. 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, 2020 but on or before December 1, 2020?	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, 2020 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

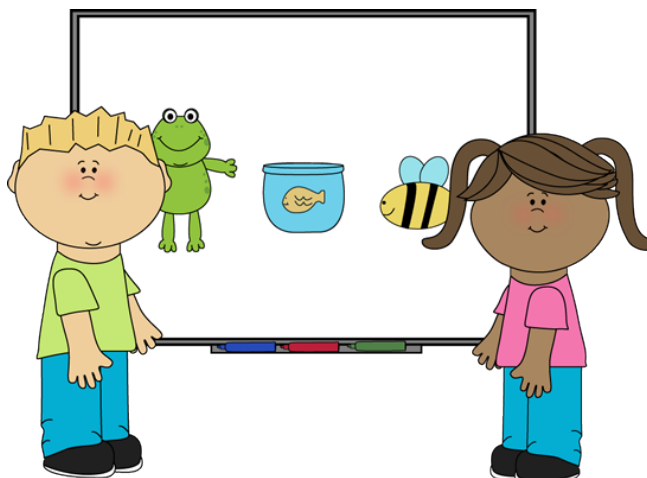
Child born outside the city of Detroit

Office of Wayne County Clerk

C/O Birth/Death Records Division

2 Woodward Ave Room 201

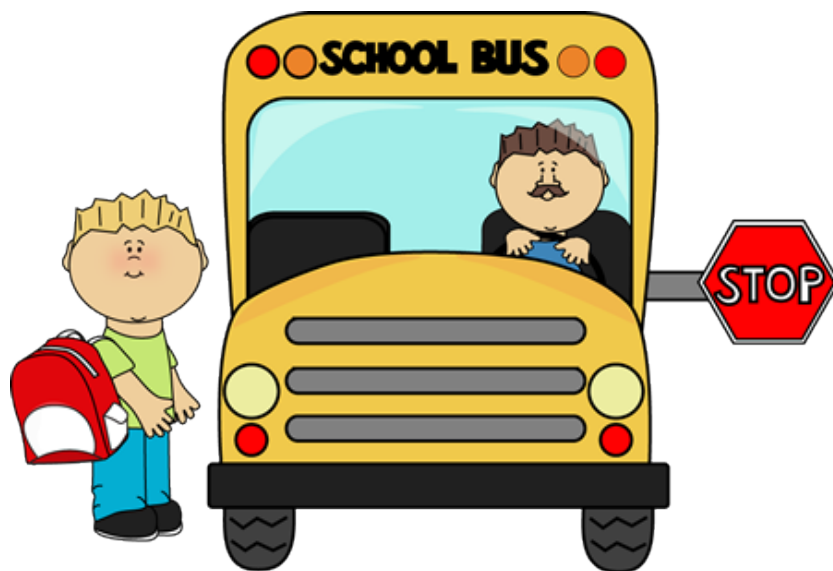
Detroit, MI 48226



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!
- **Kindergarten Transition PARENT GUIDES** – This resource is a series of tip sheets highlighting a variety of questions parents may have when their children are entering kindergarten.

http://www.michigan.gov/mde/0,4615,7-140-6530_6809-152726--,00.html





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 Developmental 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 or Developmental Kindergarten 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 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 a valid exemption.

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

To obtain a certified nonmedical waiver, a legal guardian must attend a waiver education session by **calling 586-466-6840 to make an appointment**. The education session is a one-on-one meeting between the legal guardian and a nurse to review the waived 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., or 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 the school if an outbreak of the disease occurs.

For more information, please visit our website at
<https://health.macombgov.org/Health-Programs-DC-SchoolImmunization>

School Year: 2020-2021



Health
Department

IMMUNIZATION CLINIC HOURS



Walk-Ins Accepted, Appointments Preferred

effective 8-1-2017

Health Center	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mount Clemens Health Center 43525 Elizabeth Road Mt. Clemens, MI 48043 (586) 469-5372	Open 8:30-4:30 TB testing: 8:30-4:30	Closed	Open 8:30- 6:30 TB testing: 8:30-4:30	Open 8:30-4:30 No TB testing; can read results	Closed* *Open 3rd Fridays, 11:30-4:30
Southwest Health Center 27690 Van Dyke, Ste. B Warren, MI 48093 (586) 465-8537	Closed	Open 8:30-4:30 TB testing: 8:30-4:30	Open 8:30-4:30 TB testing 8:30-4:30	Open 8:30- 6:30 No TB testing; can read results	Open* 8:30-4:30 TB testing: 8:30-4:30 * Except 3rd Fridays, Open 11:30-4:30
Southeast Family Resource Center 25401 Harper Avenue St. Clair Shores, MI 48081 (586) 466-6800	Open 8:30- 6:30 TB testing: 8:30-4:30	Open 8:30-4:30 TB testing: 8:30-4:30	Closed	Closed	Open* 8:30-4:30 TB testing: 8:30-4:30 *CLOSED 3rd Fridays

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>



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
<input type="checkbox"/> PASSED	<input type="checkbox"/> PASSED
<input type="checkbox"/> DID NOT PASS - An examination by your local health department or family doctor is required.	<input type="checkbox"/> DID NOT PASS - An examination by an optometrist or an ophthalmologist is required.
MDHHS Trained Hearing Technician	MDHHS Trained Vision Technician

© Health Promotion & Disease Control/Hearing and Vision/HVPS FORMS FOR PRINTING/MCHD-HVPS_Rev06_01/2017

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

This page is intentionally blank

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?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			Parent/Guardian Signature Date	

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	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height Weight Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____				
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / / Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				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		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
<i>Haemophilus Influenzae</i> type b (HIB)	1	3		2	
	2	4		OTHER Vaccines Specify Date & Type	
Polio (IPV/OPV)	1	3	1	Type of Vaccine(s)	Date of Vaccine(s)
	2	4	2	1	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3	2	
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	*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 non-medical waiver forms.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		/ /
<i>Health Professional's Signature</i>			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:	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> 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	

<i>Dentist's Signature</i>	
/ /	
Date	

PHYSICIAN'S SIGNATURE			
_____	/ /	_____	_____
<i>Examiner's Signature</i>	Date	<i>Examiner's Name (Print or Type)</i>	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.

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.

