



Kindergarten Families,

Welcome to IC Imagine, we are so glad you chose to join the IC Imagine family! Your Champion is about to start an incredible journey of discovery! We are looking forward to getting to know your child and helping you and your family through this transition.

At IC Imagine, we focus on valuing every member of our community and helping them to feel valued while they are with us. In Kindergarten, we set the tone for your child's school career. That is not something we take lightly-- we will be working extremely hard to establish a community that is happy, challenging, comfortable and safe. We work to create learning environments where we all do our personal best.

We believe that each child brings their own unique talents, experiences, and personality to share in our community. We look forward to engaging your Champion and sharing curriculum with him or her that is enriching and sparks their interest. Using the Core Knowledge Sequence, the NC Common Core and the NC Essential Standards as our guides, we plan curriculum for English Language Arts, Mathematics, Science and Social Studies. In addition to engaging with those content areas as a Kindergartener, your child will also have experiences in Visual Arts, Music, Spanish and PE.

Developing leaders is another element we are focused on here at IC Imagine. Our goal is to foster the development of a love of learning and individual problem solving skills for the 21<sup>st</sup> century learner. In our daily morning meetings, we utilize the Fish! Philosophy and Sean Covey's work with The Seven Habits of Highly Effective People.

We see ourselves as partners with you and your family, and to facilitate this partnership, it is important for us to communicate often. The Kindergarten team will send periodic newsletters via email throughout the summer and will transition to weekly newsletters as the fall draws near. These newsletters will provide reminders and information for you and will inform you of activities that are taking place that are specifically created for you and your rising Kindergartener. Please feel free to email [kristystiefel@icimagine.org](mailto:kristystiefel@icimagine.org) if you have any questions or concerns.

Together we can make this a great experience for your Champion! Thank you in advance for your support!

Sincerely,

The Kindergarten Team



# Kindergarten Enrollment Packet 2018-2019

## **Champion Enrollment Form**

This form is used to enroll your Champion in PowerSchool. PowerSchool is used for grading, attendance, and reporting data required by State and Federal mandates.

## **Getting to Know Your Kindergarten Champion**

This information will be used when determining classroom assignments.

## **Media Release Form**

Please use this form to authorize or refuse your Champion's participation in any IC Imagine publicized events. These publications could be via our school Facebook posts, school wide emails, local news media, etc.

## **NC Kindergarten Health Assessment Report**

This is a form required by the state. **Please have your Champion's primary physician sign and attach a copy your Champion's immunization records.**

## **Birth Certificate**

All parents of Kindergarten Champion's must provide a copy of your Champion's birth certificate. All Kindergartener's applying for enrollment at IC Imagine **must be 5 years of age by August 31st, 2018.**

## **Mission Statement and Peace Compact**

All families are expected to learn the mission statement. We recite it every day. It is the language that we use to communicate. The Peace Compact represents our school rules. Please review the Peace Compact and keep this copy for your records.

## **Health Care Policies**

Please review and keep this copy at home as a reference. This will come in handy should your Champion become ill and you need to refer to the school policy.

## **Nut-Free Campus Policy**

Due to the number of students with nut allergies and the openness of our campus, IC Imagine is a nut-free school.

## **Uniform Policy**

This is VERY important. Please review carefully. Champions who are in violation of the Dress Code Policy will be sent home for the day.

## **School Academic Calendar**

Please review this calendar. Note: We are a year round school. We begin school August 7, 2018. We have early release on the last Friday of each month. We also have late start Wednesdays, which begin at 9:30 am.

**Please complete the highlighted forms and return immediately to secure your enrollment position.**

**The NC Kindergarten Health Assessment, Immunization Records, and a copy of your Champion's birth certificate may be turned in at a later date *if necessary*. All documents must be turned in prior to the first day of school, August 7th, 2018.**

You may drop off your forms at our campus or mail to:

IC Imagine  
Attn: Enrollment  
1000 Brevard Rd, Suite 175  
Asheville, NC 28806



## IC Imagine Champion Enrollment Form 2018-2019

Champion Information			
<b>Champion Last Name</b>	<b>Champion First Name</b>	<b>Champion Middle Name</b>	
Property Address		Apartment Number	
City	State	Zip Code	
County	Home Phone	Cell Phone	
Mailing Address (If different from Property Address)			
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yyyy)	Place of Birth (city, state, county, country)	
Race (check one or more) <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Black or African American	Is the Champion Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	Has this Champion ever been enrolled in a NC Public school? <input type="radio"/> Yes <input type="radio"/> No	
Grade Level applying for?		A current NC Health Assessment & proof of required immunizations are required for all students enrolling in a NC Public school for the first time.	
Public School District your child would attend if riding the public school bus from your home address: <input type="radio"/> Buncombe County <input type="radio"/> Asheville City <input type="radio"/> Henderson County <input type="radio"/> Transylvania County <input type="radio"/> Haywood County <input type="radio"/> Polk County <input type="radio"/> Other _____			
Special Services			
Does your Champion have an Individualized Education Plan (IEP)? <input type="radio"/> Yes <input type="radio"/> No			
Does your Champion have a 504 Education Plan? <input type="radio"/> Yes <input type="radio"/> No			
Does your Champion receive any other educational services? <input type="radio"/> No <input type="radio"/> Yes - Please list:			
Siblings			
Name:	Age:	Grade:	Name:
			Age:
			Grade:
Name:	Age:	Grade:	Name:
			Age:
			Grade:
Health Information			
List pertinent health or medical information and instructions:			
List of all Allergies:		List of all Medications:	
Home Language Survey			
Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of these questions below is a language other than English, your child may be assessed by our staff to determine English language proficiency. Based on the results, your child may be identified as Limited English Proficient (LEP) and qualify for English Language Learner (ELL) services.			
Date (month & year) your Champion first attended school in the US? (do not include Pre-K)			
What was the first language your Champion learned to speak?			
What language does your Champion speak most often?		What language is most often spoken in the home?	

### Parent/Guardian Information

Parent/Guardian Name:		Relationship to Champion:	
Address:			
Employer:		Email Address:	
Home Phone:		Cell Phone:	Work Phone:
Does this Parent/Guardian have legal custody of the child? <input type="radio"/> Yes <input type="radio"/> No		Is this Parent/Guardian authorized to pick up child from school? <input type="radio"/> Yes <input type="radio"/> No If no, please provide legal documentation	

Parent/Guardian Name:		Relationship to Champion:	
Address:			
Employer:		Email Address:	
Home Phone:		Cell Phone:	Work Phone:
Does this Parent/Guardian have legal custody of the child? <input type="radio"/> Yes <input type="radio"/> No		Is this Parent/Guardian authorized to pick up child from school? <input type="radio"/> Yes <input type="radio"/> No If no, please provide legal documentation	

Parent/Guardian Name:		Relationship to Champion:	
Address:			
Employer:		Email Address:	
Home Phone:		Cell Phone:	Work Phone:
Does this Parent/Guardian have legal custody of the child? <input type="radio"/> Yes <input type="radio"/> No		Is this Parent/Guardian authorized to pick up child from school? <input type="radio"/> Yes <input type="radio"/> No If no, please provide legal documentation	

Parent/Guardian Name:		Relationship to Champion:	
Address:			
Employer:		Email Address:	
Home Phone:		Cell Phone:	Work Phone:
Does this Parent/Guardian have legal custody of the child? <input type="radio"/> Yes <input type="radio"/> No		Is this Parent/Guardian authorized to pick up child from school? <input type="radio"/> Yes <input type="radio"/> No If no, please provide legal documentation	

### Emergency Contact Information - *Please provide information for contacts, other than parents.*

Name:	Relationship:	Phone:
Can this person pick up the student from school?		
Name:	Relationship:	Phone:
Can this person pick up the student from school?		
Name:	Relationship:	Phone:
Can this person pick up the student from school?		

### Required Parent/Legal Guardian Signature

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------

\*\*\*Failure to complete this enrollment form in it's entirety and/or provide proof of address, birth certificate, immunization records, (and NC health assessment if required) will result in relinquishment of enrollment seat.

Office Use Only			
Student ID#	Entry Date	Entry Code	Homeroom



# Getting to Know Your Kindergarten Champion

*This information will be used to help us match Champions and Collegiate Leaders to the best of our ability. Please keep in mind that we will not be able to honor any requests for a specific Collegiate Leader.*

Champion's Name: \_\_\_\_\_

What makes your champion special (talents, abilities, interests, etc.):

---

---

---

When is your Champion happiest?

---

---

What kind of environment do you feel your Champion will benefit from?

---

---

---

Some academic goals I have for my Champion:

---

---

---

Any other concerns or comments that you would like to share about your Champion:

---

---

---

---



1000 Brevard Rd, Suite 175, Asheville, NC 28806 | Phone: 828-633-6491 | Fax: 828-633-6494

## MEDIA RELEASE FORM

At times during the school year, school personnel and/or the news media may ask to interview and/or photograph students. While we enjoy having school events publicized, we respect your right as a parent to decide whether or not to have your child participate in an interview, have his/her picture in the newspaper or on the school website. Please indicate whether you agree to have your child's photograph or interview by completing the form below and returning it to your Champion's Collegiate Leader.

**Please check one box only:**

- I hereby give permission to allow my child to be photographed and/or interviewed by the media. I agree to allow my child to participate in media projects without financial remuneration, and I understand that this releases the IC Imagine from any future claims, as well as from any liability, arising from the use of the said interview/photograph.
  
- I DO NOT grant permission for the school/internet/news media to take or use any interview/photograph of my child.
  
- I hereby give permission to allow my child's photo to be used by the media only IF the photo is a group shot where individual children are not identified.

*In order to discontinue this authorization/release, I understand that I must do so in writing to IC Imagine.*

Name of Champion: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP:  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Grade Level in 2018-19: \_\_\_\_\_

Note: All of the Champions attending IC Imagine will be in the annual yearbook which is available for purchase each school year. At any time you may amend this form for future uses/preferences by notifying the office in writing of your request.



# NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

## PARENT to COMPLETE THIS SECTION

**Student Name:**

(Last)

(First)

(Middle)

**Birthdate (M/D/YYYY):**

**School Name:**

**Home Address:**

**City:**

**State:**

**County:**

**Parent Information: Name of Parent, Guardian, or person standing in loco parentis:**

**Telephone(s)**

Home:

Work:

Cell Phone:

**Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):**

## HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

**Medications prescribed for student:**

**Student's allergies, type, and response required:**

**Special diet instructions:**

**Health-related recommendations to enhance the student's school performance:**

**Vision screening information:**

Passed vision screening:  Yes  No

Concerns related to student's vision:





January 2016rev

**Hearing screening information:**

Passed hearing screening:  Yes  No

Concerns related to student's hearing:

**Recommendations, concerns, or needs related to student's health and required school follow-up:**

School follow-up needed:  Yes  No

**Medical Provider Comments:**

**Please attach other applicable school health forms:**

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

**Health Care Professional's Certification**

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: \_\_\_\_\_

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:







## **MISSION STATEMENT**

At INVEST COLLEGIATE, we imagine, we nurture, we value, we engage, we sustain, we transform as we champion opportunities in leadership and learning – embracing greatness, inspiring achievement within a telescopic environment.

### ***IC Imagine Peace Compact***

You have the right to be yourself here. This means you will be treated fairly, no matter your skin color, your size, your height, your gender or your socioeconomic status.

You have the right to feel safe here. This means you will always feel comfortable, accepted and respected here.

You have the right to be respected and treated kindly here. This means your feelings and opinions are important to everyone here.

You have the right to hear and be heard here. This means we will all use appropriate voice levels and respect the person who's speaking.

You have the right to learn about yourself here. This means you are free to express your feeling and opinions without interruptions or punishment.

These rights apply to all members of our community.

**\*Please keep this copy for your records.**



## HEALTH CARE POLICIES

In an effort to protect all children from contagious illness, IC IMAGINE adheres to the following health care policies:

In the event of illness, we will contact the parent/or designated emergency contact to pick up the child from school within 1½ hours. Both to prevent transmission to the other children, and to provide comfort for the child. Your child must be kept home for 24 hours (without symptoms) before returning to school. In cases of contagious illness (or suspected contagious illness), a doctor's note will be required prior to your child returning to school. IC IMAGINE understands that it is difficult for a parent to leave or miss work; therefore, it is suggested that alternative arrangements be made in advance. The following conditions will result in you being contacted to pick up your child:

- Temporal temperature of 100 degrees or more.
- One or more episodes of vomiting during the course of the school day.
- Diarrhea or loose stools, inconsistent with usual bowel movements and not associated with antibiotic use.
- Any suspicious rash.
- Purulent drainage from eyes (Pink eye or other contagious eye infection).
- Colored nasal discharge (if transmission cannot be controlled).
- Any symptoms requiring one-on-one care and/or causing severe discomfort.
- Any symptoms accompanied by open, oozing, bacterial infections and/or severe or bloody diarrhea.

When returning your child to IC IMAGINE after an illness, please remember:

- A child must be free from symptoms such as fever, vomiting, and diarrhea for a full 24-hour period prior to returning to school. Please do not give your child tylenol, ibuprofen or other fever-reducing medications to mask symptoms.
- Any child prescribed an antibiotic must take it for 24 hours before returning to school.
- Any contagious illness (such as measles or chickenpox) requires a doctor's note, specifying that the child is no longer contagious, prior to returning to school.
- A child must be able to participate in ALL activities (including outdoor activities) upon returning to school. State law requires that children Kindergarten through 5<sup>th</sup> Grade go outside everyday (weather permitting). If your child is unable to go outdoors, a doctor's note, including a limit to the time when the child must remain indoors, is required.

**\* Keep this copy for your records.**



## Nut-Free Policy

At IC Imagine, we have a number of families dealing with serious peanut and tree nut allergies—the food allergy that claims more lives each year than any other. We are a **Nut Free** building in order to provide a safe learning environment for our children. In order to remain successful, we must closely monitor and manage our practices and what we allow into this facility as it relates specifically to lunch and snack. It is our hope to prevent cross contamination.

We have the following safety guidelines in effect:

### **Lunch:**

- Please do not send any peanuts, peanut butter, or foods containing peanuts or tree nuts to be eaten for lunch in the classroom.

### **Classroom Snacks:**

- Please do not send any peanuts, peanut butter, or foods containing peanuts or tree nuts to be eaten as snacks in the classroom, this includes items processed on equipment (or in a facility) that processes peanuts and tree nuts.

### **Food Pantry Donations:**

- Please do not send any peanuts, peanut butter, or foods containing peanuts or tree nuts to be stored in our school food pantry, this includes items processed on equipment (or in a facility) that processes peanuts and tree nuts.

### **Minimizing Cross Contamination:**

- Cross contamination is the most difficult piece to manage. We are placing great importance on hand washing and sanitizing before and after students eat. Similarly, if your child ate peanut butter for breakfast, we would greatly appreciate your making sure that his/her hands are washed with soap and water before leaving for school. Water alone does not do the trick!

We trust that you understand how deeply important it is to respect and adhere to these guidelines. If throughout the course of the year you have any questions or concerns about a food allergy, please do not hesitate to contact the school.

*Thank you,*

**IC Imagine**



## Uniform Policy • 2018 - 2019

### Bottoms:

- color: khaki
  - shorts, capris, or pants with belt loops
  - skirts or skorts
  - fingertip length or longer
  - no cargo pants or cargo shorts
  - black, gray or white leggings, tights or biker shorts must be worn under skirts/dresses
- Black or brown belt for bottoms with belt loops is required.*

### Tops:

- color: white, light yellow, gray and black
- polo or oxford shirts
- solid color (no stripes, dots, designs, etc)
- no logos (except ICI logo ordered from Lands End)
- short-sleeve or long-sleeve
- must have collar
- shirts tucked in (unless girls' polo has slit on side)

### Dresses:

- khaki jumpers/dresses with collared shirt underneath
- polo style dresses in white, light yellow, gray or black
- solid color (no stripes, dots, designs, etc)
- no logos (except ICI logo ordered from Lands End)
- fingertip length or longer
- black, gray or white leggings, tights or biker shorts must be worn under dresses

### Shoes:

- closed toe and closed heel
- tennis shoes recommended
- tennis shoes required on PE days
- no shoes with wheels

### Sweaters, Cardigans, or Hoodies:

- color: black, gray, white, light yellow
- no navy clothing
- can be worn indoors
- must be worn over polo top
- hoodies must be Spirit Wear

### Jackets or Coats:

- any color
- must be removed and put in cubby
- only for outside use
- black fleece jackets (ICI logo only, no stripes, dots, designs, etc) may be worn inside

### Backpacks:

- color: any color
- lunch boxes: any color
- Case-it style organizer may be used instead

### Spirit Wear:

- Any top sold by IC Imagine as "spirit wear"
- Must be worn with khaki bottoms
- Can only be worn on designated spirit wear days (hoodies may be worn every day)

---

### Please Note:

- No logos other than IC Imagine logo
- All clothing must fit appropriately (no tight or baggy clothing)
- All accessories should be appropriate and non-distracting
- Sunglasses outside only
- Appropriate hair accessories

- No jeans, jean skirts, or jean jumpers
- No cargo shorts or pants
- No tongue, eyebrow or nose rings
- Hats/caps not permitted inside the building
- No exposed midribs or backs

# 2018-2019 IC Imagine School Calendar

**July 2018**

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**August 2018**

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**September 2018**

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

**October 2018**

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**November 2018**

Su	M	Tu	W	Th	F	Sa
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

**December 2018**

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**July**

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**August**

Su	M	Tu	W	Th	F	Sa
1-6	7					
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**September**

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**October**

Su	M	Tu	W	Th	F	Sa
1-5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**November**

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**December**

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**January 2019**

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**February 2019**

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

**March 2019**

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**April 2019**

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**May 2019**

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**June 2019**

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

**January**

1	NO SCHOOL - New Year's Day
2	First day back from Winter Break- NO Late Start
21	NO SCHOOL - MLK Jr Day
25	Early Release

**February**

22	Early Release
----	---------------

**March**

22	Early Release
25-29	Spring Break

**April**

1-5	Spring Break
19	NO SCHOOL-Good Friday

**May**

27	NO SCHOOL - Memorial Day
31	Early Release

**June**

13-25	Exam and State Testing Window
19	No Late Start
26	Last day of school for students, Early Release

Collegiate Leader In Service

First and Last Day of School

Exam and State Testing Window

Late Start Day

Early Release \* Early release days are subject to be used for Weather Make Up Days

School Closed/Holidays \* March 25 - 29 subject to be used for Weather Make Up Days