



# WELCOME!

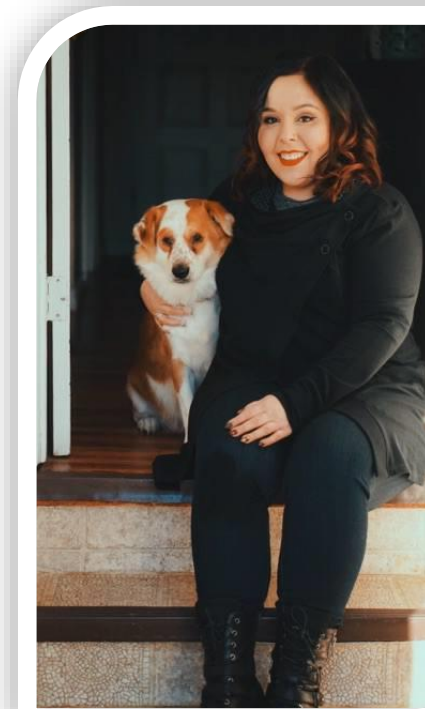
## To Kindergarten at Saint Mary Catholic School!

Dear students and parents,

Welcome to our Kindergarten classroom! My name is Paige Connery and I am so happy to be your teacher! I am looking forward to meeting all of you and having you in my class. A little about myself, I am an avid reader and if you look to the picture on the right, that is my dog Bella. Fun fact about me, I love coffee and I enjoy making really yummy baked treats! Kindergarten is a very exciting time full of discovery and I am delighted to be accompanying you on your journey.

God Bless,

Paige Connery 😊



### Important dates:

#### September 5

Split Kinder and Pre-K entry

#### September 6

Split Kinder and Pre-K entry

#### September 10

First day of class

#### September 26

Early Dismissal

Here are a few things you need to know:



### Contact Information:

- Email: [pconnery@escrd.ca](mailto:pconnery@escrd.ca)
- School Phone Number: 780-349-3644

### School Supplies:

- Indoor *no lace* running shoes
- Water bottle
- 1 box large Ziploc bags
- 1 box baby Wipes
- 1 box of tissues
- Extra change of clothes (pants, shirt, socks, underwear) in a Ziploc bag with your child's name on it
- Backpack
- Lunchbox

### Seesaw

We will be using Seesaw to showcase our students work and activities. Seesaw is an app for sharing students work with their parents. Please keep an eye out for information on how to access this amazing tool.



### All About Me

Please fill out attached All About Me form and return by September 10<sup>th</sup>, 2018.



**All About Me**

Ms. Connery

Please fill out this form and have your child return it on our first day of school on Monday September 10<sup>th</sup>, 2018. All information shared will be kept confidential.

Child's name:
Parent names:
Email address:
Please indicate how your child will be going home at the end of each day: Bus # _____ Picked up by _____ Day Care/Day Home _____ Name of Person Name of Day Care/Day Home
Please list any food/environmental allergies your child may have: Allergies: _____ Type(s): _____ Epi-Pen: _____ Asthma: _____ Inhaler: _____
Interests/Hobbies/Activities your child enjoys:
Any other information you'd like to share about your child: