



Kindergarten Preview

March 17, 2025

Maplebrook Elementary

Welcome to Maplebrook



**HOME OF THE
MAPLEBROOK WILDCATS!**



Araceli Ordaz

Principal

aordaz@naperville203.org

Marybeth Peterson

Assistant Principal

mpeterson@naperville203.org

Outcomes



- To provide information about our kindergarten program
- To provide parents and guardians an opportunity to ask questions related to our kindergarten program and school

What does our kindergarten program offer?

- Skilled teachers prepared to meet the needs of young students
- Excellent curriculum and resources
- Multiple opportunities to learn and grow
- A developmentally appropriate learning environment
- All Day Kindergarten (8:15am-2:30pm)



Meet our Kindergarten Team

Pictured from left to right:

Mrs. Cindy Ontiveros

Mrs. Molly Harris

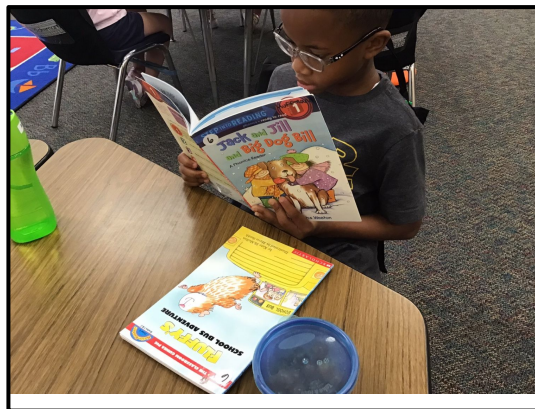
Mrs. Jenni Hoffmann



What does the Kindergarten Day look like?

<u>Content Area</u>	<u>Daily Minutes</u>	<u>Content Area</u>	<u>Weekly Minutes</u>
Literacy	120	Science/Social Studies/ SEL	90
Writing	40	Art	50
Mathematics	65	Music	50
Lunch, Recess	40	Physical Education	50
Morning Recess	15	Learning Commons	50

Literacy



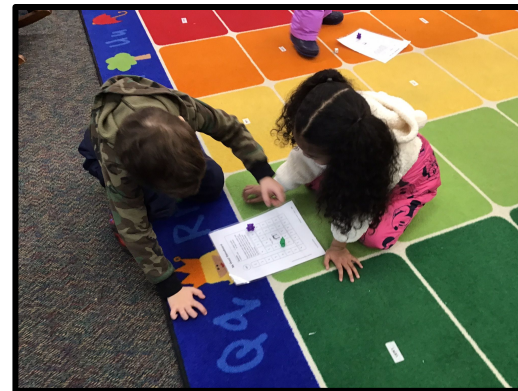
Literacy Concepts

- Recognize upper and lower case letters
- Retell stories
- Read high frequency words
- Learn to blend and segment
- Track print and identify words in text
- Use a mix of decodable and predictable text
- Exposure to different types of writing
- Write words based on letter sounds
- Recognize and read their own writing
- Practice appropriate kindergarten conventions: spacing, capitalization and use of a period



Math

$$\begin{array}{r} +1 \\ 2 \\ \hline 3 \end{array}$$



Math Skills

- Counting 1-100
- Counting to 100 by 10s
- Naming and Describing 2D and 3D Shapes
- Writing and identifying numbers 0-20
- Comparing numbers and quantities
- Partners for numbers 1-5, then 6-10
- Addition and Subtraction within 5, then within 10
- Seeing teen numbers as a group of 10 and some more
- Counting objects
- Classifying objects
- Learning to solve problems in different ways



Math Skills to practice for August

- Comparing and identifying more or less groups
- Knowing that numbers represent quantity, last number called
- Patterns- how they are sorted, being able to make observations and describe it
- 1:1 correspondence to 5
- Rote counting to 10 by ones
- Students can ID numbers 1-5

Social Studies My Social World

Civics:

- Describe roles & responsibilities of people in authority
- Explain the need for rules in a variety of settings

History:

- Compare life in the past & now
- Explain the significance of national holidays & people associated with them

Geography:

- Explain how weather, climate and geography affects people's lives
- Identify how people and goods move from place to place.

Economics:

- Explain that the need for choices are made because of scarcity

Science

Weather



Pushes & Pulls



Animal & Plant Relationship



Social Studies and Science



What do kindergarten specials look like?

Art-twice per week
(25 minutes)

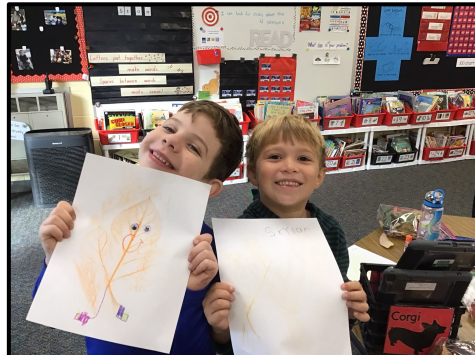
Music-twice per week
(25 minutes)

P.E.-twice per week
(25 minutes)

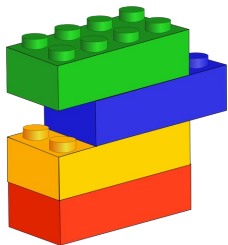
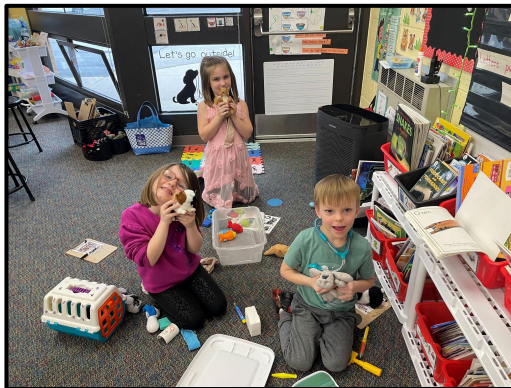
L.C.-twice per week
(25 minutes per week)



Other Exciting Activities



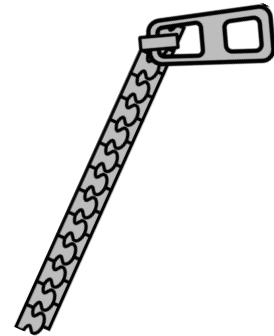
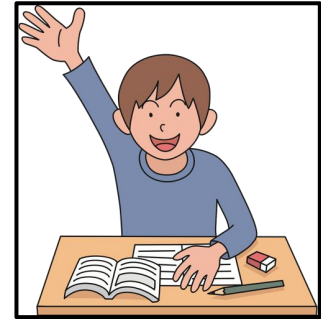
Play to Learn



Skills to Work on for Independence

- Asking for help
- Problem solving
- Buckling and unbuckling seat belts (drop-off/pick-up line)
- Multi-step directions
- Proper pencil grip
- Proper scissor grip and cutting on a line
- Zipping coats, winter clothes
- Tying shoes/boots
- Opening lunch bags and containers (practice lunchtime over the summer)
- Bathroom procedures
- Organization

Reminder...if you have not filled out the survey emailed to you,
please do that today- a QR Code can be found at the end of today's presentation



On the First Day

- Student arrival starts at 8:00 am on the Front (North) playground.
- Students will line up with their classmates and go in with their teacher
- Recess is from 11:00-11:20 am with lunch following from 11:20-11:40 am.
- Students should bring a snack (fruit or vegetable and water bottle)
- Dismissal is at 2:30pm on the Front (North) Playground

How do I enroll my child?

www.naperville203.org

The screenshot shows the top navigation bar of the Naperville 203 website. The 'Departments & Services' menu is open, displaying a list of departments. A red arrow points from the 'Enrollment' link in this menu to the 'Departments & Services' section on the left side of the page. The left side features a large image of children on a school bus and a 'Departments & Services' header with a sub-header and a paragraph of text.

Our District **Board of Education** **Departments & Services** **Resources** **Innovative School Experience**

Our Schools **I am a...**

Departments & Services

Looking to learn more about a specific department? Use these links to learn more about the various departments that make up Naperville 203.

- Academically Talented →
- Assessment and Accountability →
- Buildings & Grounds →
- Business Services →
- Diversity, Equity, Inclusion, & Belonging →
- Dual Language →
- English Learners →
- Enrollment →
- Health Services →
- Human Resources →
- Information Technology →
- Learning Services →
- Nutrition Services →
- Operations →
- School Safety and Security →
- Strategy & Engagement →
- Student Services →
- Transportation →

How do I enroll my child?

- Click on Enrollment Intake form
- Complete and submit the form
- You will receive an email with next steps (within 48 hours)

www.naperville203.org/kindergarten

Welcome Class of 2038!

Kindergarten Enrollment for 2025-2026 is NOW OPEN!

To enroll a new student, complete the [Enrollment Intake Form](#).

Enrollment in kindergarten for the 2025-2026 school year, a student must turn 5 years old on or before September 1, 2025. On March 17, all District 203 elementary schools will hold [Kindergarten Preview](#). At this special event, you and your child will meet the school's administrators, the kindergarten teachers, other school personnel, and representatives of parent organizations. While your child remains in the classroom and enjoys a sample of the kindergarten experience, school personnel will meet with you and other parents to share information about the kindergarten program. Due to the nature of this meeting, we respectfully ask you make childcare arrangements for your younger children during this event.

Important Dates:

- February 1: Kindergarten enrollment begins
- February 3: Dual Language Information Night at Naperville North High School from 6-7 p.m.
- March 12: Kindergarten Preview. Please contact your school directly for specific information.
- March 21: For participation in the Dual Language Lottery your student's Kindergarten enrollment must be completed by Friday, March 21st. Enrollment must be COMPLETE to be considered for the Dual Language lottery. Complete means that you have turned in all the paperwork and received an enrollment confirmation.
- April 11: Dual Language Lottery results will be emailed.

For general questions, please call our Centralized Enrollment Office at (630) 548-4320.

If you need additional assistance, contact Maureen Dvorak, School Services Manager at mdvorak@naperville203.org or (630) 420-6446.

In addition to our daily hours – Monday thru Friday, 8:00am – 4:00pm, we will be open and accepting appointments for enrollments on the following dates:

Wednesday, February 19th – 4:00 – 7:30pm

Saturday, March 1st – 8:00am – 12:00 noon

Tuesday, March 4th – 4:00 – 7:30pm

Saturday, March 15th – 8:00am – 12:00 noon

Appointments can be made through

<https://www.signupgenius.com/go/d203centralizedenrollment>

What is required before I enroll?

- Children must be 5 years old on or before September 1, 2025
- All Students- an online application must be completed for all students



May I choose half day?

Yes-Families may choose half day.

Program specifics:

- Attend at your home school as part of the full day class
- Begin school at 8:15; dismiss at approximately 10:45
- Participate in instruction scheduled during those hours





Eligibility for Bus Transportation

- The District provides bussing for all families who live 1.5 miles or more from their home school.
- In some special circumstances, families who cross streets designated as hazardous are also provided bussing.

What does kindergarten lunch look like?



Kindergarteners...

- Eat lunch with classmates in a supportive environment
- May bring or purchase their lunch
- Recess (20 minutes) included in the lunch schedule

What would my child experience in Spanish Dual Language?

The philosophy of the Naperville School District Dual Language Program is to educate our students to become bilingual, bi-literate, and multicultural in this ever increasing global society.

In addition to the components of the all day model, Dual Language students will experience:

- Literacy and content (Math, Science, Social Studies) learning in two languages throughout the whole day using the same curriculum as the general education classes. (In Kindergarten, 80% of instruction is conducted in Spanish with built-in language support for students who are learning Spanish as an additional language.)
- Opportunities to learn about the cultures of the Spanish and English-speaking worlds.



How can I enroll my child in Dual Language?

Available **in the magnet program**

- Enroll your child in Kindergarten by **Friday, March 21, 2025** to be entered in the lottery
- Mark that you want your child to be considered for the Dual Language program on the enrollment form
- Lottery results will be emailed on April 11, 2025
- Younger siblings of current Dual Language students are given priority enrollment (**they must be fully enrolled by March 21, 2025 as well**)
- Classroom Makeup: Approximately 50% students who speak English or other languages at home and 50% students who speak Spanish at home



Dual Language Sites

Sites for students from attendance area only:

Beebe Mill Street Elmwood Steeple Run

Magnet site for all others who wish to participate in
the Dual Language Program:

River Woods

**Lottery application deadline is
Friday, March 21, 2025**

Want to learn more?

Visit the district website www.naperville203.org
(Departments & Services→ Dual-Language
→Kindergarten Information)

Certified School Nurse:

Holds professional educator license endorsed in school nursing in Illinois.

- ❖ *Promotes the physical, mental, emotional and social well being of students by providing comprehensive school health services.*

Health Technician:

Works under the direction of the School Nurse; provides first aid treatment, including emergency care; CPR and first aid certified.



**Welcome from
the Health Office
Team**

Meet our Health Office Team!



Mrs. Cahill
Health Technician



Mrs. Dermos
Certified School
Nurse



Mrs. Bayer
School Nurse


Health Requirements-Physical Exam

Student's Name		Birth Date (Mo/Day/Yr)	Sex	School	Grade Level/ID#
Last	First	Middle			
Certificates of Religious Exemption to Immunizations or Physician Medical Statement of Medical Contraindication are reviewed and Maintained by the School Authority.					
ALTERNATIVE PROOF OF IMMUNITY					
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. *MEASLES (Rubeola) (INDICATE) *MUMPS (INDICATE) *HEPATITIS B (INDICATE) *VARICELLA (INDICATE)					
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.					
Date of Disease	Signature		Title		
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps* <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result.					
*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. *All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.					
Physician Statements of Immunity MUST be submitted to IDPH for review.					
Completion of Alternatives 1 or 3 MUST be accompanied by Lab's & Physician Signature:					
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA					
HEAD CIRCUMFERENCE if < 3 years old		HEIGHT	WEIGHT	BMI	BMI PERCENTILE
DIABETES SCREENING (per recommended ages)		AND any two of the following: Family History <input type="checkbox"/> Yes <input type="checkbox"/> No Ethnic Minority <input type="checkbox"/> Yes <input type="checkbox"/> No Signs of Insulin Resistance (acanthosis, xanthomas, acanthosis nigricans) <input type="checkbox"/> Yes <input type="checkbox"/> No All Risk <input type="checkbox"/> Yes <input type="checkbox"/> No			
LEAD RISK QUESTIONNAIRE: Required for children aged 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Parent not required if resident in Chicago or high-risk zip code)					
Questionnaire administered? <input type="checkbox"/> Yes <input type="checkbox"/> No Blood Test indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No Blood Test Date _____ Result _____					
TB SKIN OR BLOOD TEST: Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high-prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/tbtestsheets/testing/tb_testing.htm					
<input type="checkbox"/> No test needed <input type="checkbox"/> Test performed Skin Test: Date Read _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative mm _____					
LAB TESTS (Recommended)		SCREENINGS		Results	
Hemoglobin or hematocrit		Developmental Screening		<input type="checkbox"/> Completed <input type="checkbox"/> N/A	
Urinalysis		Social and Emotional Screening		<input type="checkbox"/> Completed <input type="checkbox"/> N/A	
Sickle Cell (when indicated)		Other:			
SYSTEM REVIEW					
Normal		Comments/Follow-up/Needs		Normal	
Skin		Endocrine		Ears	
Eyes		Screening Result: _____		Gastrointestinal	
Nose		Screening Result: _____		Genito-urinary	
Throat		Neurological		Lymph	
Mouth/Dental		Musculoskeletal			
Cardiovascular/HTN		Spinal Exam			
Respiratory		Nutritional Status			
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g., Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g., inhaled corticosteroid)		Diagnosis of Asthma: _____ Other: _____			
NEEDS/MODIFICATIONS required in the school setting: _____ DIETARY Needs/Restrictions: _____					
SPECIAL INSTRUCTIONS/DEVICES (e.g., safety glasses, glue eyes, chest protector for arthralgia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support(s))					
MENTAL HEALTH/OTHER Is there anything else the school should know about this student?					
If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal					
EMERGENCY ACTION resident while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____					
On the back of the examination on the day, I approve this child's participation in: (If no or Modified phase attach explanation) PHYSICAL EDUCATION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified INTERSCHOLASTIC SPORTS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified					
Print Name _____		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> APN <input type="checkbox"/> PA Signature _____		Date _____	
Address _____		Phone _____			

- All physical exam and immunization requirements should be fulfilled prior to the first day of school.
- Exam must be performed within 1 year prior to the first day of school.
- May be completed by licensed physician, nurse practitioner, or physician's assistant.

Health Requirements-Immunizations

- ★ Immunizations must be up-to-date and verified by a healthcare practitioner
- ★ Health history portion must be completed and signed by parent for physical to be valid.

 State of Illinois

Certificate of Child Health Examination

Student's Name		Birth Date (MM/DD/YYYY)	Sex	Race/Ethnicity	School/Grade Level/ID#
Last	First	Middle			
Street Address		City	ZIP Code	Parent/Guardian	Telephone (Home/Work)

HEALTH HISTORY: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)		MEDICATION (Prescribed or taken on a regular basis)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List:	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
Diagnosis of Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Child wakes during night coughing? <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Defects? <input type="checkbox"/> Yes <input type="checkbox"/> No Developmental delay? <input type="checkbox"/> Yes <input type="checkbox"/> No Blood disorder? Hemophilia, Sickle Cell, Other? Explain: _____ Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No Head injury/Concussion/Passed out? <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures? What are they like? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart problem/Shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart murmur/High blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No Arthritis or other pain with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Eye/Vision problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		Loss of function of one of paired organs? (Spleen/kidney/testis) <input type="checkbox"/> Yes <input type="checkbox"/> No Hospital admission? <input type="checkbox"/> Yes <input type="checkbox"/> No Allergic? What for? <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery? (List all) <input type="checkbox"/> Yes <input type="checkbox"/> No Allergic? What for? <input type="checkbox"/> Yes <input type="checkbox"/> No Serious injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No TB skin test positive (last/present)? <input type="checkbox"/> Yes <input type="checkbox"/> No TB disease (past or present)? <input type="checkbox"/> Yes <input type="checkbox"/> No Tuberculin skin type, frequency? <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol/Drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No Family history of sudden death before age 50? (Cause?) <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify problem) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other concerns? (Crouped eye, drooping lid, squinting, difficulty reading) ☐ Yes ☐ No
 Ear/hearing problems? ☐ Yes ☐ No
 Bone/joint problem/injury/weakness? ☐ Yes ☐ No

Additional Information:
 Information may be shared with appropriate personnel for health and educational purposes.
 Parent/Guardian Signature: _____ Date: _____

IMMUNIZATIONS: To be completed by health care provider. The mo/day/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine/Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTaP or DTaP	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV
Hib (Hemophilus influenza Type B)						
Pneumococcal Conjugate						
Hepatitis B						
MMR (Measles, Mumps, Rubella)						
Varicella (Chickenpox)						
Meningococcal Conjugate						
RECOMMENDED, BUT NOT REQUIRED Vaccine/Dose						
Hepatitis A						
IPV						
Influenza						
Other: Specify immunization administered/dates						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.
 If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature _____ Title _____ Date _____

Printed by Authority of the State of Illinois (COMPLETE BOTH SIDES) 12/23 ICD 24-947 48Q3

Health Requirements-Vision Exam

- ★ The vision requirement should be fulfilled prior to the first day of school.
- ★ Exam must be performed within 1 year prior to the first day of school
- ★ To be completed by an licensed optometrist or ophthalmologist.



Health Requirements-Dental Exam

- ★ Required by May 15, 2026
- ★ May be performed any time within the 18-month period prior to the due date (November 15, 2024-May 15, 2026).



Health Office Procedures

- ★ Attendance: Please call the attendance line at **630-420-6383** or submit an online attendance request through the Infinite Campus Parent Portal by 8:00 AM if your student will be absent or late
 - If you're calling your student in sick, please be specific about what the illness or symptoms are
 - If your student will be out for an extended period of time, please call the health office directly with those dates
 - ***It is not enough to only notify your student's teacher***
- ★ Fever: A temperature of 100.3 degrees Fahrenheit is considered a fever
 - Students must be fever free for 24 hours without the use of fever reducing medicine to return to school

Health Office Procedures

- ★ Undiagnosed Rashes/Conjunctivitis (pink eye)
 - Rashes of unknown origin or red, itchy eyes require further evaluation from a physician
 - Student may return to school with a note from the physician stating the diagnosis and that they are not contagious
- ★ Head Injuries: You will be notified with any head injury that occurs
 - Most of the time we are calling for very minor head bumps, but it is important to be aware of the injury and monitor for concussion-like symptoms
- ★ We will not call you for every health office visit
- ★ Medications

Students must be HEALTHY to be EDUCATED and EDUCATED to be HEALTHY

★ Working together is ideal!

- Email completed health forms to:
 - Health Technician Bridget Cahill bcahill@Naperville203.org
- **Attendance Line/Health Office Phone: 630-420-6383**
 - Email: bcahill@Naperville203.org
- Certified School Nurse: Mary Dermos
 - Phone: 630-848-5423
 - Email: MDermos@Naperville203.org

★ Please feel free to contact your school nurse with any concerns or questions regarding individual student health concerns, like medication administration or life threatening food allergies.

Main Office Support

- **Kathy Raymundo** -
 - Senior Secretary
 - **Primary Maplebrook point of contact related to kindergarten enrollment questions**
- **Diana Gomez** -
 - Executive Secretary (*to Principal*)
 - Billing and Fees



Mrs. Raymundo, Mrs. Gomez
(pictured left to right)

Communication

- Maplebrook Website
 - Primary Resource for ALL Information and updated frequently
- Infinite Campus Portal
 - Student Information System
 - Class Assignments (in August), Access to Report Card
 - Login information will be used to sign up for Fall and Spring Conferences (PTC Wizard)

Other Communication

- **Talk203 and TalkMaplebrook**
 - Outbound email and telephone messaging service that all families are enrolled
 - “Wiley WAG” email every Friday at 4:00 PM
 - District sends weekly email
 - Will also be used in special circumstances / reminders
- **Social Media Sites**
 - Maplebrook Home & School on Facebook
 - @Maplebrook_203 on Twitter
- **Canvas**
 - Learning Management System for Students, but may also include parent resources (i.e. newsletter). Link to Seesaw (used by our Kindergarten team)

Home and School Association

Jillian Langer - Home & School President

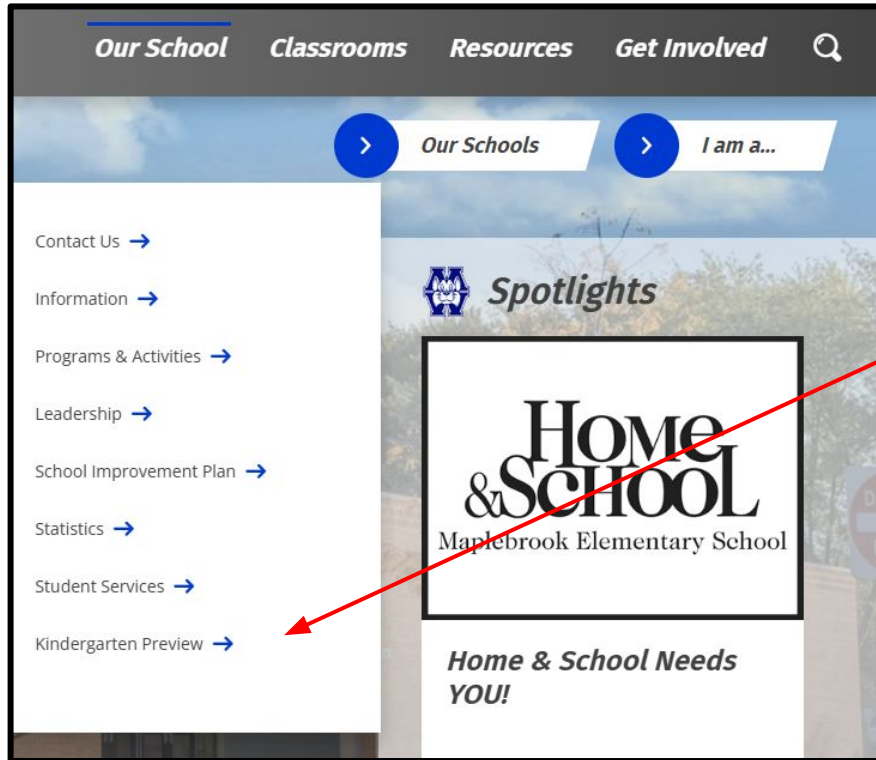
- Purpose: To promote closer cooperation and understanding between school and the home.
- **Provide Volunteers**
 - Room Parties, Learning Commons
- **Raise Money for Maplebrook**
 - Adult Social, Book Fair, Food Nights, Fun Fest, Cookie Dough, Spiritwear, Gift Card Program, Box Tops
 - Money raised helps to fund field trips, class parties, assemblies and MUCH more!
- **Promote Learning and Community**
 - Ice Cream Social, Literacy Programs

More information about Home and School and how to get involved can be found in your folders.

H&S: Kindergarten School Supplies

- Online Ordering for Kindergarten School Supplies
 - Open NOW
 - www.schooltoolbox.com
 - The cost for a Kindergarten kit is \$86.00
- Kits Delivered to Classroom Prior to 1st Day of School
- Order Deadline is June 22, 2025 for Free School Delivery
(orders after deadline will ship to your home and include a shipping fee)
(school supply list and ordering information are included in folder)

Presentation



Available under "Our School" - "Kindergarten Preview" on our website.

www.naperville203.or/maplebrook

Welcome!

Questions?

Kindergarten Preview Parent Survey



If you haven't yet filled out the parent survey that was emailed to you last week, please do so now.

Thank you

Naperville 203

Community Unit School District

203 West Hillside Road
Naperville, IL 60540
(630) 420-6300

Naperville203.org



@Naperville203



@naperville203



@napervilledistrict203



@Naperville Community Unit School District 203