



Principal | Mr Darryl Thompson



## PRESCHOOL TO KINDERGARTEN -- 2020 TRANSITION PROGRAM

Wellington Public School will be offering a seven week Preschool to Kindergarten Transition Program this year. The program will run on Wednesday 9 -11am from 23rd October, 2019 (Term 4 Week 2) until 4<sup>th</sup> December, 2019 (Term 4 Week 8).

This program is designed to achieve a number of goals. These include:

- Preparing children for the commencement of primary school.
- Placing children in the structured learning environment of a Kindergarten classroom, allowing the children to gain familiarity with their surrounds and feel more comfortable in a new classroom.
- Build on experiences gained at preschool, day care or at home to ensure that fundamental concepts are familiar prior to the commencement of formal schooling in 2020.
- Give our teachers the opportunity to get to know our 2020 Kindergarten children.

We encourage all children who are attending Kindergarten in 2020 to take advantage of this experience.

Attached is an expression of interest and permission form for the Kindergarten 2019-2020 Transition Program.

Please fill it in and return to either your child's preschool or Wellington Public School office. This expression of interest will form the basis of our planning for the transition program. Once these forms are collated we will contact you with an outline for the commencement of the Kindergarten Transition Program.

Please do not hesitate to contact the school for more information regarding this program and enrolment for 2020.

Kind Regards

Mrs Kathryn Hardwick P-K Transition Coordinator Mr Darryl Thompson Principal

Wellington Public School | NSW Department of Education & Training





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## Ready, Set, Kinder!

<u>Transition to School Information</u> PLEASE DETACH AND RETURN TO EITHER YOUR CHILD'S PRESCHOOL OR WELLINGTON PUBLIC SCHOOL (By Wednesday, 18<sup>th</sup> September 2019.)

Child's Name:	
Child's Date of Birth: Child's Gender:	
Residential Address:	
Is your child of Aboriginal or Torres Strait Islander origin?	No
Parent/Caregiver name:	
Relationship to Child:	
Parent Telephone number:	
Emergency Contact:	
Emergency contact number:	
Medicare number:	
Please list child care services that your child has accessed?	

Please write the names and ages of any siblings attending Wellington Public School below.

L

\_\_\_\_\_ give permission for my child \_\_\_\_\_

Child's name. Please print

to attend the Wellington Public School each Wednesday morning for the

Kindergarten Transition Program from 23<sup>rd</sup> October until 4<sup>th</sup> December, 2019.

Wellington Public School | NSW Department of Education & Training

Parent/carer name. Please print

Percy St Wellington NSW 2820 | PO Box 426 Wellington NSW 2820 | ph 02 6845 4080 | fx 02 6845 2843 | Email wellington-p.school@det.nsw.edu.au





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