



Louise Hayem Manheim GATES PRESCHOOL

STUDENT INFORMATION FORM 2022-2023

Child's Full Name: _____ Preferred: _____
First Middle Last

Date of Birth: _____ Gender: ☐ Circle One Male Female

Date of Admission: _____

Parent A Name: _____
Relationship to child: _____
Address: _____
Zip: _____
Occupation: _____
Place of Employment: _____
Phone: _____
Alternate Phone: _____
Email: _____

Parent B Name: _____
Relationship to child: _____
Address: _____
Zip: _____
Occupation: _____
Place of Employment: _____
Phone: _____
Alternate Phone: _____
Email: _____

Parents' Marital Status: ☐ Circle One Single Married Divorced Separated

Child is in the custody of: _____

Billing Address: ☐ Circle One Parent A Parent B Other

We are a Jewish Preschool and wish to be sensitive to your child and family.
Please answer the following regarding your family's religious status.

Current Temple Affiliation: _____
If applicable

Child:	_____ Jewish	_____ Non-Jewish
Parent A:	_____ Jewish	_____ Non-Jewish
Parent B:	_____ Jewish	_____ Non-Jewish
Parent A Grandparents:	_____ Jewish	_____ Non-Jewish
Parent B Grandparents:	_____ Jewish	_____ Non-Jewish

OVER

Student Name

Emergency Contact Name: _____ Phone: _____
Someone other than parents

Is your child adopted? _____ If yes, is he/she aware? _____

Have there been any changes recently which might affect your child's adjustment to school? _____

Please explain: _____

Has your child ever had a serious illness or accident? _____

Has your child ever been hospitalized? _____

Has your child had a previous preschool experience? _____ If yes, where and when? _____

Additional Information: _____

Other Children in family

Age

School

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons living with the child and their relationship to the child: _____

Please list siblings that are **not** living in the household with the child: _____

Parent Signature

Date