



The Rabbi Barry H. Greene Early Childhood Center

Congregation B'nai Jeshurun

2021-2022 CHILD AND FAMILY INFORMATION FORM

TODDLERS/PLAYSCHOOL/PRESCHOOL/KINDERGARTEN

(This information will be kept strictly confidential)

GENERAL INFORMATION

CHILD'S FULL

NAME _____

PLEASE PRINT FIRST AND LAST NAME

Age as of October 1st this year _____ Date of Birth _____

Currently Enrolled in the following Early Childhood Program _____

Home Address _____

PARENT 1 FULL NAME _____

Home Address (if different) _____

Cell Phone _____ Home Phone _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

Business Phone _____

If part time, please list your business hours and days _____

PARENT 2 FULL NAME _____

Home Address (if different) _____

Cell Phone _____ Home Phone _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

Business Phone _____

If part time, please list your business hours and days _____

FAMILY INFORMATION

Do you belong to another Synagogue? Yes No Name of Synagogue _____

Are both parents living? Yes No

Parents are living together divorced separated

What primary language is spoken in the home if other than English? _____

Who else lives in your household?

Brothers Names _____ Ages _____

Sisters Names _____ Ages _____

Others Names _____ Ages _____

Does anyone else assume occasional responsibility for the care of your child? Yes No

By what name is this person known to your child? _____

MEDICAL INFORMATION AND PHYSICAL HISTORY

Pediatrician's Name _____ Phone Number _____

Is your child currently receiving medical treatment? Yes No

If so, please explain _____

MEDICATIONS

What medications does your child take on a regular basis? _____

What is the dosage? _____

What impact, if any, will this medication have on your child's participation in school?

What physical conditions might limit your child's participation in school? _____

ALLERGIES

Is your child allergic or sensitive to any foods? Yes No

Is your child allergic or sensitive to insect stings or bites? Yes No

Is your child allergic or sensitive to any medication? Yes No

Is your child allergic or sensitive to anything else? Yes No

If you answered yes to any of the above, please list here _____

MOTOR SKILLS

Has your child exhibited a "handed preference? Yes No Right Left Unsure

DEVELOPMENTAL

- Has your child had a history of ear infections? Yes No
- Does your child have a hearing loss? Yes No
- Has your child had a history of respiratory infections? Yes No
- Does your child have a speech or language delay? Yes No

Has your child ever received any of the following services? If so, please elaborate below.

- Speech OT PT Other

BEHAVIOR

Is there anything you would like us to know about your child's behavior, habits or activities?

How do you regulate your child's behavior or help your child regulate his/her behavior?

Does your child exhibit any fears you are aware of? Yes No

Please list _____

Does your child exhibit any of the following?

- Thumbsucking Tantrums Biting

SEPARATION

Who will accompany your child to school? Parent Caretaker Carpool Other

Do you anticipate a separation problem? Yes No

How does your child react when separating from parents? _____

SLEEP PATTERNS

Does your child still nap? Regularly Sometimes Rarely

What is your child's bedtime? _____

Does your child sleep through the night? Usually Sometimes Rarely

SOCIALIZATION

Does your child have play dates with other children? Yes No

How do you think your child relates to other children? Parallel play? Collaborative play? _____

Has your child attended any Early Childhood Programs?

Current Program(s) at TBJ _____

Other Schools and Location? _____

What other group experiences has your child had?

Dancing School Sports Classes Drama Classes Gymnastics

Other _____

What are your child's favorite activities? _____

TOILET TRAINING

Is your child toilet trained? Yes No

How does your child let it be known that he/she needs to go to the bathroom? _____

What bathroom words does your child use? _____

ADDITIONAL INFORMATION

Are there any special concerns you have in terms of your child? _____

Please list any other information that will aid us in working more effectively with your child. _____

PARENTAL SIGNATURE

After fully completing this form, please sign, date and submit as soon as possible.
Please upload a recent wallet size photo of your child here.

Please print full name _____

Signature Date