



## STUDENT INFORMATION FORM

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Hebrew Name (if applicable) \_\_\_\_\_

Nickname \_\_\_\_\_

Name for cubbies \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

Other Language(s) Spoken at Home \_\_\_\_\_

### **PARENT INFORMATION**

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

**In case of an emergency** (parents will be notified first), please list emergency contacts we can reach besides parents.

*\*Please contact the school office immediately with any changes.*

Name	Relationship	Phone Number

**FAMILY MEMBER INFORMATION (IF APPLICABLE)**

Sibling Name	Birthdate	School Attending

Grandparent	Name	What your child calls them	Email
Parent 1 Grandmother			
Parent 1 Grandfather			
Parent 2 Grandmother			
Parent 2 Grandfather			

**HEALTH INFORMATION**

**Pediatrician's Name and Practice:** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Hospital preference \_\_\_\_\_

**Does your child take any medications regularly?** If so, please list the name(s), the dose, and the reason for the medication.

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any allergies?** ☐ YES ☐ NO

If yes, what are they allergic to? \_\_\_\_\_

What is the reaction? \_\_\_\_\_

**Has your child had any serious illnesses in the past?** ☐ YES ☐ NO

If yes, what illness, and when? \_\_\_\_\_

\_\_\_\_\_

**Has your child ever been hospitalized?** ☐ YES ☐ NO

If yes, when, for what, and how long? \_\_\_\_\_

\_\_\_\_\_

## DEVELOPMENTAL HISTORY

Were there any concerns or complications during your pregnancy or at birth? ☐ YES ☐ NO

If yes, please describe \_\_\_\_\_

Please indicate the age or age range when your child demonstrated the following milestones. If your child has not yet achieved the milestone, please write N/A:

Milestone	Age	Notes
Sat up without help		
Crawled		
Walked		
Spoke first words		
Spoke sentences		

Additional Developmental Questions	YES	NO
1. Do you have any concerns about your child's speech and language development?		
2. Do you have any concerns about your child's motor development?		
3. Does your child have any physical limitations we should know about?		
If yes, what are they?		
4. Has your child ever had a speech, language, or motor evaluation?		
If yes, where?		
5. Has your child ever had a behavioral evaluation?		
If yes, where?		
6. Does your child currently receive therapies?		
If yes, where?		

*If you answered yes to any of the above questions, please elaborate on your concerns:*

---

---

---

---

---

---

---

**Is your child toilet trained?**     ☐ YES   ☐ NO

What terminology do they use to express toileting needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child have a security item (aka pacifier, blanket, stuffed animal, etc.)?**     ☐ YES   ☐ NO

If yes, what is it? \_\_\_\_\_

What does your child call it? \_\_\_\_\_

*\*Please make sure your child has this/these items at school during the day for security.*

**What are your child's fears? How does he/she react to them?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How do you comfort your child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How do you discipline your child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **FORMAL CARE EXPERIENCE**

**Has your child ever been left with a babysitter?** ☐ YES ☐ NO

If yes, how often? Is it a positive experience? \_\_\_\_\_

---

---

---

**Other than Beth Shalom, has your child had any previous school, camp, or daycare experience?** ☐ YES ☐ NO

If yes, where and how long? Was it a positive experience? \_\_\_\_\_

---

---

---

---

**Do you have any concerns about your child's school experience thus far?** ☐ YES ☐ NO

---

---

---

---

**What are your goals for your child's school experience this year?**

---

---

---

---

**Is there any additional information we should know to work more effectively with your child?**

---

---

---

---

**Please feel free to share any other relevant information here:**

---

---

---

---

---

---

---

---

---

---

---

---