

Congregation Etz Hayim Preschool – Student Profile

Please complete this front and back questionnaire to facilitate your child's transition into the class. Any questions you do not wish to answer may be omitted or discussed privately with your child's teacher. All responses will be treated in confidence.

FAMILY UNIT

Child's Name _____ Date of birth _____

Nickname _____

Parent One Name _____

Parent Two Name _____

Parents are: together _____ separated (how long) _____ divorced (how long) _____

Do both parents live with the child? Yes _____ No _____ if no, please explain

Does the child have a Step- Parent Yes _____ No _____ (Name and how long) _____

Custody/visiting Arrangements _____

Is your child adopted? Yes _____ No _____ Age at adoption _____ Does your child know he/she is adopted? Yes _____ No _____

List names and ages of siblings:

Who cares for the child other than parents?

Are there any special family circumstances that might be a factor in your child's behavior or adjustment to school (illness, death, separation, divorce, new baby etc.)?

Are there any pets in the home? Yes _____ No _____ Name and type _____ Is

Parent One Jewish? Yes _____ No _____ Is Parent Two Jewish? Yes _____ No _____

Do you keep Kosher? Yes _____ No _____

CHILD'S HEALTH HISTORY List allergies, if any _____

Has your child had any serious illnesses or surgeries? Please list and include age

List any recurring mild health issues such as colds or ear infections:

List any that may affect his/her development:

List any support services your child receives (i.e., speech, occupational therapy, physical therapy, other): _____

Has your child received any diagnostic testing? Yes ___ No ___ If yes, please explain

May we contact the therapist? Yes ___ No ___ Name and Number _____

CHILD'S DEVELOPMENT

Has your child experienced play group or school experiences? Yes ___ No ___ Where

Does your child have neighborhood or school playmates? Yes ___ No ___

Does your child have any imaginary playmates? Yes ___ No ___

Does your child take naps? Yes ___ No ___ Does he/she sleep well? Yes ___ No ___

What are child's favorites? Indoor activities

Outdoor activities _____

Foods _____

Is your child toilet trained? Yes ___ No ___

Concerns you may have for your child (check all that apply): Temper Tantrums ___ Nervous Habits ___ Fears ___ Aggressiveness ___ Timidity ___

What works best to calm your child? _____

Does your child have regular responsibilities at Home? If so, please list

List child's extracurricular activities: _____

How would you describe your child's personality _____

What benefits do you hope your child will derive from attending preschool this year?

Any additional comments / concerns?
