



**HAR SHALOM EARLY CHILDHOOD EDUCATION CENTER  
GENERAL INFORMATION FORM  
2011-2012**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Hebrew Name (if applicable): \_\_\_\_\_

Parent #1/Guardian Name: \_\_\_\_\_

Parent #2/Guardian Name: \_\_\_\_\_

Does your child live w/ both parents? \_\_\_ Yes \_\_\_ No If not, which Parent? \_\_\_\_\_

Siblings: \_\_\_\_\_  
Name Age Name Age

Are there any other members of your household? \_\_\_\_\_

What other group experiences has your child had? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Does your child speak in single words? \_\_\_\_\_ phrases? \_\_\_\_\_ sentences? \_\_\_\_\_

Do both parents work outside the home? \_\_\_ Yes \_\_\_ No

Are there any special circumstances that the school should be aware? \_\_\_\_\_

Has it ever been suggested or has your child ever received a diagnostic evaluation? \_\_\_\_\_

Is your child currently receiving services? \_\_\_\_\_

If yes, what are the services? \_\_\_\_\_

Can we contact the service provider? Name of therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you know of any physical disorders or medications that would limit your child's participation in regular activities? \_\_\_\_\_

Food Allergies? \_\_\_\_\_

Other allergies, previous surgery, sight or hearing difficulties? \_\_\_\_\_

Does your child express any fears or anxieties which the school should know about?

Are there any special family circumstances that might be a factor in your child's behavior or adjustment? (i.e. illness, death, divorce, new baby) \_\_\_\_\_

Is your child toilet trained? \_\_\_ Yes \_\_\_ No

If yes, does your child ask to go the bathroom? \_\_\_ Yes \_\_\_ No

What words does your child use to tell you he/she has to go to the bathroom?

What are your expectations for your child from his/her early childhood experience at Har Shalom?

Do you wish to have an individual conference at the beginning of the school year; in addition to the group parent meeting that is planned? \_\_\_ Yes \_\_\_ No

If your child attended another educational program, please sign below:

I hereby give permission to Liran Laor, ECEC Director of Har Shalom to contact:

\_\_\_\_\_  
(Name of director of previous school attended)

\_\_\_\_\_  
(Phone)

Regarding my child: \_\_\_\_\_

(Name)

\_\_\_\_\_

(Parent Signature)

*All information received on this form will be held in confidence by the Director and your child's assigned teacher.*

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date