



YOUNG TODDLER/OLDER TODDLER INTAKE FORM

Child's Name _____ Nickname _____

Home Phone (_____) _____ Synagogue Affiliation _____

Birth date _____ M or F (circle) Right or left handed (circle)

Allergies _____

Parent Name _____ Parent Name _____

Cell Phone (_____) _____ Cell Phone (_____) _____

Parent Email _____ Parent Email _____

Who lives at home (adults/relationships, name/ages of children)? _____

Discipline: Methods used at home _____

What is child's reaction when he/she does not get what he/she wants? _____

Is this your child's first experience away from home? YES - NO, If so, attended where? _____

PERSONS TO BE CALLED IN CASE OF EMERGENCY OTHER THAN PARENTS

Name _____ Relationship _____ Phone (_____) _____

Name _____ Relationship _____ Phone (_____) _____

PHYSIOLOGICAL DEVELOPMENT

Has your child had his/her hearing tested? _____ Results _____

Has your child had his/her eyes checked? _____ Results _____

Is his/her speech easily understood? _____ If no, please describe _____

SOCIAL/EMOTIONAL DEVELOPMENT

- 1. Participation in play: _____ Just watches _____ Joins in gradually _____ Eager to participate
- 2. Interaction with other children: _____ Likes to play with others _____ Plays by herself/himself _____ Just watches
- 3. Sharing toys and protection of personal rights:
_____ Passive (lets others take toys) _____ Physically defends rights
_____ Cries, but does not defend rights _____ Uses words to defend rights
- 4. Favorite playtime activities, toys and special interests: _____

- 5. How does your child react if he/she doesn't get what he/she wants? _____

- 6. How is he/she disciplined at home? _____

- 7. Does your child have any fears? _____
- 8. Has your child had any previous group experience? _____ Where? _____
- 9. Do you anticipate any difficulties with separation? _____
- 10. What family customs or traditions do you have? _____

GENERAL INFORMATION

Does your child have any special needs? _____

Is there anything else you'd like us to know about your child? _____

What would you like your child to gain from his/her experiences at Aleph Preschool? _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK MY CHILD UP FROM ALEPH PRESCHOOL

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PARENT SIGNATURE _____ DATE _____

TEACHER SIGNATURE _____ DATE _____