



SHERMAN EARLY CHILDHOOD CENTER AT HAR SHALOM
GENERAL INFORMATION FORM

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 about which 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? _____

May 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 about which the school should know?

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?

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

I hereby give permission to Beth Hoch, ECC 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