



**PRESCHOOL/PRE-K INTAKE CONFERENCE 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)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_