



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 _____