



Tuvia School of Temple Menorah
 1101 Camino Real • Redondo Beach, CA 90277
 Phone 310-316-8997 • Fax 310-540-7677

GETTING TO KNOW YOU

Knowing more about your child will enable us to make this new experience a comfortable, happy and enduring one for your family. It is most important that we have this information prior to the opening of school so that we can be prepared to meet your child's individual needs.

THE FAMILY



Family's Name _____ Child's Name _____

Father's Name _____ Age _____
 (last) (first)

Occupation _____

Mother's Name _____ Age _____
 (last) (first)

Occupation _____

Birth date of Child _____ Age _____ Sex _____

Home Address _____
(street) (city) (zip)

Are Parents living together? Yes No Please circle whichever applies

Was your child adopted? _____ If so, does (s)he know about it?

Separated? _____ Divorced? _____ Widowed? _____ Single? _____

Language(s) spoken in home: _____

Has the child been cared for by someone other than the parents? _____

If so, by whom? _____

Religious background of family _____

What holidays are observed in the home (Jewish, other)? _____

IMPORTANT: Names of local people to call in an emergency

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List all children in the family including the child to be enrolled

Name _____ Sex _____ Date of birth _____ Age _____

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Name _____ Sex _____ Date of birth _____ Age _____

List all other members of the household (relatives, household help etc.)

Name _____ Relation _____

Name _____ Relation _____

Does the family live in a home? _____ apartment? _____

Does the child have his/her own room? Yes _____ No _____

If not, with whom does (s)he share? _____



DEVELOPMENT

Child walked at _____ Began to talk at _____

Is your child independent in dressing? _____ Washing hands? _____ Eating? _____

Toileting? _____ Toilet trained at _____

What toilet terminology does the child use? _____

Are there any difficulties connected with any of these areas? _____

Does the child nap? _____ How long? _____

Does the child have any allergies? _____



SOCIAL/EMOTIONAL DEVELOPMENT

Has your child had previous school or playground experience?

If your child has had previous school experience, were there any difficulties in separation, adjustment, etc, and if so, what? _____

Does your child have playmates? _____ What age(s)? _____

What is his / her favorite toy? _____

Play activity? _____

Helping activity? _____

Hobbies: Father _____

Hobbies: Mother _____

Does your child prefer playing alone? _____ With a group? _____

Is sharing easy for your child? _____

What does your child do when (s)he is frustrated or disappointed? _____

How does the child respond to new situations? _____

Relationships with siblings? _____

Have there been any recent changes in your family life (moving, new baby, etc.)? _____

Does it bother your child to get dirty or messy? _____

Does the child eat with the family? _____

How much T.V., on the average does your child watch daily? _____

Favorite show? _____

Describe your child's outdoor play experiences (in the yard, park, etc.) _____

Is (s)he especially afraid of any particular thing (dog, thunder, strangers, loud noises etc.) ? _____

How does (s)he respond to new adults? _____

To new situations? _____

List any traumatic incidents (hospitalization, accident, death, etc.) _____

What does your child do that you're most proud of? _____

What are your thoughts on his/her adjustments to the new school experience? _____

What are your goals for your child at school for the coming year? _____

Is there anything else you would like us to know about your child that would help with understanding and adjustment to the new situation? _____

Parent Signature

Date

Parent Signature

Date

