



**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

Sibling(s) currently or previously enrolled at the Sherman ECC at Har Shalom: _____ yes _____ no

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 parents work outside the home? _____ Yes _____ No

Are there any special circumstances that 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? _____

Can 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 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 to 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