

Mequon Jewish Preschool Intake Information

The following questions are to help us get acquainted with you and your child. The information will be kept confidential.

Child’s Name: _____ Birth date: ____/____/____

Child Prefers to be called: _____ Child’s Hebrew Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

PARENT

Name: _____

Address (if different than child’s):

Phone: _____

Occupation: _____

Company Name: _____

Company Address:

Business Phone: _____

PARENT

Name: _____

Address (if different than child’s):

Phone: _____

Occupation: _____

Company Name: _____

Company Address:

Business Phone: _____

Parents’ Marital Status:

Married: ___ Separated: ___ Divorced: * ___ Widowed: ___ Single: ___ Remarried:** _____

* If divorced, Custody Status: _____

Please provide school with copies of any relevant court orders.

**If remarried, Stepparent’s Name(s) _____

One of the basic philosophies of our school is to promote Jewish continuity and diversity. It would be helpful to have the following information:

Mother’s Hebrew Name _____

Mother’s Religion _____

Father’s Hebrew name _____

Father’s Religion _____

Maternal Grandparents’ names _____

Country of birth _____

Religion of birth _____

Paternal Grandparents' names _____
Country of birth _____
Religion of birth _____

Other children in family:

Name: _____ Birth date: _____
Name: _____ Birth date: _____
Name: _____ Birth date: _____
Name: _____ Birth date: _____

We know that infant, toddlers and pre-schoolers often have several people in their lives to support parental caregiving. Other than relatives, who are the important others in your child's life?

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Pets: Kind: _____ Name: _____ Kind: _____ Name: _____

DEVELOPMENTAL HISTORY OF CHILD

We know the importance of beginning days and weeks in the life of a family with a new child. There are many ways that children come into our families. Please share with us any specific information regarding the way in which your child entered/joined your family (e.g. adoption, surrogacy, delivery experiences, prematurity, foster care, etc.):

Is your child aware of his/her way of joining the family? _____

Did your child have colic as an infant? _____

At what age did your child...

...sleep through night? _____ ... sit alone? _____
...crawl? _____ ...walk alone? _____
...say first words? _____ ... repeat short sentences? _____

Does your child receive support in: Dressing: _____ Undressing: _____ Toileting: _____
Eating: _____ Going to Sleep: _____ Washing: _____ Other: _____

At what time does your child usually get up in the AM? _____

At what time does your child usually go to bed at night? _____

Does your child usually sleep well? _____

How many times has your family moved in the past? _____

What was your favorite place? _____

Does your child have his/her own room? _____

If not, with whom does he/she share? _____

Does your child play primarily ...

... alone? _____

...with siblings? _____

...with adults? _____

...with other children? _____

Please describe the things that your family loves to do together. Any specific dislikes?

Is English the primary languages spoken at home? _____ Yes _____ No

If no, what is the primary language? _____

Does your child understand/speak English? _____

Where are you in the process of teaching your child to use the potty or toilet? What are your beliefs? _____

Does your child need to be reminded to go to the bathroom? _____

At what age was your child toilet trained? _____

What terms are used in your household in reference to toileting? _____

Does your family enjoy watching TV? _____

How many hours daily does your child watch TV? _____

What programs does he/she typically watch? _____

Does your child prefer watching TV...alone? _____ ... with adults? _____...with other children? _____

We know that socialization is part of the early years and parents teach their children right from wrong from early on – what have you found most effective?

How does your family handle separations? Is there anything to help us help you?

How do you help your child deal with the normal separations of early development?

How does your child react to new experiences including new people in his/her life – like a new teacher? Does your child have any needs in new situations that would be helpful to know?

Are there things that your child uses/needs as a means of comfort or security during times of stress and fatigue (i.e. blanket, bottle, thumb, stuffed animal)?

Synagogue Affiliation: _____

Did your family participate in any religious/spiritual experiences? What were they? What did you like or dislike?

Early childhood experiences; _____

What schools has your child previously attended? What years?

Are there organized play experiences that your child has had previously (i.e. swim class, gym, library hour, dance class, summer camp, etc.)?

Child's favorite foods: _____

Child's least favorite foods: _____

General eating habits: _____

All little children have fears form time to time; fear is one of those human inborn feelings. Please share fears that your child has experienced: (loud noises, clowns, animals, costumes)

In the following space, please describe your child, your value and beliefs towards parenting, and any comments, which you feel would help us, become better acquainted with you and your child. If relevant, please also include dates for any surgery, overnight hospital stay, or serious accident.

Child:

Values and Beliefs:

Special Situation:

Parent's Signature: _____ **Date:** ____/____/____

MJP MEDICAL INFORMATION

Child’s Name: _____

To reach parents phone:

PARENT

Name: _____

Work #: _____

Cellular/Car #: _____

PARENT

Name: _____

Work #: _____

Cellular/Car #: _____

In case of emergency, the following people may be called and are authorized to pick up the above named child from MJP, if parents cannot be reached (we **must** have **3** on file):

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Physician to be called in case of emergency or if medical advice is needed, permission is given to Mequon Jewish Preschool to phone my child’s doctor:

Name: _____ Address: _____

Hospital: _____ Phone: _____

In case of emergency, what action should be taken?

Describe your child’s general health (frequent colds, ear infections, fevers, etc.):

Does your child have allergies? _____

If so, to what? (Please be very specific)

Does your child take medication daily/regularly? _____

If so, what? _____ For what condition? _____

Side effects, if any?

Does your child take any medication, which affects his/her behavior? _____

If so, please explain:

Please describe any toileting issues (i.e. constipation, prone to diaper rash, prone to infection, etc.):

IT IS THE PARENT'S RESPONSIBILITY TO KEEP THESE FORMS UP TO DATE!!!!

Parent's Signature: _____

I, _____, as parent/guardian of _____, give authorization to the director and staff of Mequon Jewish Preschool to remove the above minor from its premises in order to obtain emergency medical treatment. Mequon Jewish Preschool has my permission to seek a licensed physician, dentist, hospital, or clinic, to administer care to my child. It is understood that I will hold Mequon Jewish Preschool harmless for the nature and outcome of any emergency medical treatment. It is also understood that I leave the decision of what constitutes an emergency to the sole discretion of the staff of Mequon Jewish Preschool .

Parent's Signature: _____ **Date:** ____/____/____

MJP ARRIVAL & DEPARTURE INFORMATION

Day Arriving with Leaving with Relationship Phone

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please list the names of those, other than selves, authorized to pick up your child, include any persons with whom you may be carpooling. Persons listed on your medical emergency list are already deemed authorized to picked up your child; however, they should be relisted here if they will be picking up your child on a regular basis.

Name: _____ Relationship: _____
 Phone #: _____
 Name: _____ Relationship: _____
 Phone #: _____
 Name: _____ Relationship: _____
 Phone #: _____

If there are any changes, please let us know by emailing us at mjpdinnergala@aol.com

Parent’s Signature: _____ Date: ____/____/____

MJP PERMISSION SLIPS

We give our child, _____, permission to participate in “in school” field trips planned for Mequon Jewish Preschool. We understand that these include spontaneous activities such as walks in the neighborhood, visits to the local supermarket, or visits to the bookstore. For more formal trips that require travel in cars or buses, we will notify the teacher before the appointed day if we do not wish our child to participate.

Parent’s Signature: _____ **Date:** ____/____/____

We grant permission for our child, _____, to be photographed in an individual or group picture, with the understanding that these pictures may be used to promote Mequon Jewish Preschool, including but not limited to being used in local newspapers, brochures, and or on our website.

Parent’s Signature: _____ **Date:** ____/____/____

We hereby grant the staff of Mequon Jewish Preschool permission to apply, in accordance with directions for use as specified on the container, one or more of the following external preparations: baby wipes, baby lotion, sun screen lotions, non-prescription ointments (i.e. Vaseline, Desitin, A&D).

Parent’s Signature: _____ **Date:** ____/____/____

I authorize our address and phone number and email address to be included in class lists and directories given out to families of the Mequon Jewish Preschool or posted on the web site.

Parent’s Signature: _____ **Date:** ____/____/____

We understand that sound early childhood education can be achieved when parents and staff are mutually involved in learning and participating. Therefore, when we enroll our child in Mequon Jewish Preschool we pledge to participate in the experiences planned and to support the values taught to our children.

Parent’s Signature: _____ **Date:** ____/____/____

MJP Welcomes You!

How did you discover Mequon Jewish Preschool Preschool-Daycare Center?

Newspaper: _____ Phonebook: _____ Friend: _____ Chabad: _____

Other: _____ Please specify: _____

We chose Mequon Jewish Preschool because:

Do you have any suggestions for our program?

Does child have any elder relative who might be interested in participating in our Intergenerational Program? _____ If so please provide Name, relationship, & phone number:

Would you be able to help out in any of the following areas?

Parent Organization: _____ Room Mother/Father: _____ Fundraising: _____ Special Events

_____ Carpentry: _____ Gardening: _____ Painting: _____ General School Maintenance: _____

One of our values is life-long learning. We invite you to join us for stimulating discussions on Jewish life and parenting. Are you interested in attending discussions/ lectures with staff or guest speakers regarding areas of child development, parenting, Jewish values, etc.? _____

Please specify the times that would work best for your schedule: _____

Suggestions for topics: _____

Suggestions for speakers: _____

Do you have any special interests, talents, or career, which you would like to share with the children? _____

Do you know anyone who would come to school and give a presentation (i.e. doctor, dentist, plumber, carpenter, architect, etc.)? _____

Do you know anyone who would provide an interesting experience on Jewish life or any other topic that may be of interest to our community?

I have carefully read the Mequon Jewish Preschool policies and procedures in the Parent Handbook and agree to accept them.

Parent Signature: _____ **Date:** ____/____/____