



# Welcome to MJP!

Your Name \_\_\_\_\_

Date: \_\_\_\_\_

(Please use the back if you need more room to answer any of the questions)

## How did you learn about Mequon Jewish Preschool Preschool-Daycare Center?

### We chose Mequon Jewish Preschool because:

**MJP is a community of the whole family.** Will you be able to help out in any of the following areas?  
(please check all that you may be interested in):

\_\_\_\_ Parent Organization    \_\_\_\_ Fundraising    \_\_\_\_ Gala    \_\_\_\_ Special Events    \_\_\_\_

Other: \_\_\_\_\_

**For special events, we sometimes need one-time help (stuffing envelopes, etc).** If you would like to be contacted for this, please indicate the best time(s) you could help:

\_\_\_\_ During School    \_\_\_\_ Evenings    \_\_\_\_ Sundays    \_\_\_\_ Other \_\_\_\_\_

**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.?                      Yes    No

If yes, what times would work best for your schedule: \_\_\_\_\_

Suggestions for topics/speakers: \_\_\_\_\_

**Does your child have any elder relatives who might be interested in participating in our Grandparent Chavurah?** Yes    No

Name(s), Relationship(s), Email(s) and Phone Number(s):

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

**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?**

Below we are presenting you with questions that will enhance our relationship with you and your child. All information is confidential.

Child's Name: \_\_\_\_\_

Child's Hebrew Name: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

**Parents' Marital Status:**

Married: \_\_\_ Separated: \_\_\_ Divorced: \* \_\_\_ Widowed: \_\_\_ Single: \_\_\_ Remarried:\*\* \_\_\_\_\_

\* If divorced, Custody Status: \_\_\_\_\_

*Please provide the school with copies of any relevant court orders.*

\*\*If remarried, Stepparent's Name(s) \_\_\_\_\_

**Other children in family (Please list name(s) and birthdate(s))**

**Are there any adoptions in the family?**

**As a Jewish preschool, we believe in Jewish continuity and plurality. We will appreciate to hear from you about the following details:**

**Mother's Religion of Birth \_\_\_\_\_ Father's Religion of Birth \_\_\_\_\_**

**Does your family participate in any religious/spiritual experiences? Please share about them:**

**Do you have a present synagogue or religious affiliation: \_\_\_\_\_**

**Please list any conversions in the family**

**GRANDPARENT INFORMATION**

**MATERNAL GRANDMOTHER:**

Name \_\_\_\_\_ Country of Birth \_\_\_\_\_ Religion of Birth \_\_\_\_\_

Special interests &/or talents she may like to share with students (please list)

**MATERNAL GRANDFATHER**

Name \_\_\_\_\_ Country of Birth \_\_\_\_\_ Religion of Birth \_\_\_\_\_

Special interests &/or talents he may like to share with students (please list)

**PATERNAL GRANDMOTHER**

Name \_\_\_\_\_ Country of Birth \_\_\_\_\_ Religion of Birth \_\_\_\_\_

Special interests &/or talents she may like to share with students (please list)

**PATERNAL GRANDFATHER**

Name \_\_\_\_\_ Country of Birth \_\_\_\_\_ Religion of Birth \_\_\_\_\_

Special interests &/or talents he may like to share with students (please list)

**We know that children often have meaningful people in their lives to support their parents.**

Who are the important others in your child's life?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please describe the things that your family loves to do together.**

**Is English the primary language spoken at home? Yes No**

If not, what is the primary language? \_\_\_\_\_

Does your child understand/speak English? Yes No

## DEVELOPMENTAL HISTORY OF CHILD

**Embracing a newborn to the family is a focal moment in the family life.** We would love you to share with us meaningful information about your child's first month of life.

**Child's favorite foods:** \_\_\_\_\_

**Child's least favorite foods:** \_\_\_\_\_

**General eating habits:** \_\_\_\_\_

**Please share how your child self-soothes and self-regulates him/her self** (i.e. blanket, bottle, thumb, stuffed animal)

**Does your child share a room?** Yes No

**Below you will find questions concerning different developmental processes during the early childhood years. Please respond only to the questions that are relevant to your child's age:**

At what age did your child:

Started sleeping throughout the night?	
Started crawling	
Sat independently	
Started walking by himself	
Communicated with bubbling	
Used basic vocabulary	
Used two words sentences	
Engaged himself in a play with an other	
When did you start the toilet training process	
What terms are used in your household in reference to toileting	
How does your child handle transitions? What helps him/her the most	
How does your child react to new people? What helps him/her the most	
How does your child act in a separation moment? What helps him/her the most?	

**Previous 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.)?

**Parenting and Education:**

Below we have created a place for you to share about your child, your values and beliefs towards parenting, and any other 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:

Other:

**Our MJP Community**

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 for, and to support the values taught to, our children.

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_