

## JRC EARLY CHILDHOOD CENTER

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### CHILD INFORMATION AND HISTORY FORM

Please complete and return this form to the JRC office prior to the beginning of the school year. This information will help us plan a smoother transition into a new class, and will guide us in preparing the classroom for your child. All information is confidential and is only shared with our staff. Please feel free to attach or include any information that you feel you would like us to know about your child. We are looking forward to building relationships with you and your children, and we are honored that you have allowed us to be part of your "extended family" as we begin this journey together.

Date\_\_\_\_\_

Child's name\_\_\_\_\_

Date of Birth\_\_\_\_\_

Preferred Pronoun\_\_\_\_\_

Nickname\_\_\_\_\_

Home Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Telephone Numbers: (Home)\_\_\_\_\_

(other)\_\_\_\_\_

Email address (please include as many as you would like to receive emails from school and teachers)\_\_\_\_\_

Parent/Guardian name\_\_\_\_\_

Occupation\_\_\_\_\_

Address (if different from child)\_\_\_\_\_

Business/Day Phone\_\_\_\_\_

General hours of employment\_\_\_\_\_

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General hours of employment\_\_\_\_\_

Marital status of parents: Married\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Other\_\_\_\_

If divorced, what is the custody agreement?\_\_\_\_\_

(A copy of the custody agreement must be on file in the JRC Early Childhood Center office)

Are there other primary caregivers for your child?\_\_\_\_\_

Are there other people living in the home who have contact with the child?\_\_\_\_\_

Who cares for the child when parents are not home?\_\_\_\_\_

Hours per week\_\_\_\_\_

How long has this person cared for the child?\_\_\_\_\_

Siblings (names, age, grade)\_\_\_\_\_

Do any siblings have special needs? (If yes please explain-medical, learning, other)\_\_\_\_\_

Are all children the biological children of both parents?\_\_\_\_\_

If no, please explain\_\_\_\_\_

If adopted, at what age?\_\_\_\_\_ Does the child know?\_\_\_\_\_

What languages are spoken in the home?\_\_\_\_\_

Do you have pets?\_\_\_\_\_

Any other family situations which would be helpful for us to know? (i.e. moves, recent deaths or other loss, illness, job change, etc.)

\_\_\_\_\_  
\_\_\_\_\_

### **Developmental History**

Was the child a full term baby?\_\_\_\_\_ If not, how many weeks?\_\_\_\_\_

Please describe any special factors concerning pregnancy, delivery and early development\_\_\_\_\_

\_\_\_\_\_

At what age did your child begin walking?\_\_\_\_\_ Talking?\_\_\_\_\_

Have you had any questions or concerns about any areas of development?\_\_\_\_\_

Has your child received any intervention or therapy?\_\_\_\_\_

If yes, please explain\_\_\_\_\_

### **Toileting**

Is your child toilet trained except for occasional accidents?\_\_\_\_\_

Is your child comfortable in taking care of his/her own bathroom needs?\_\_\_\_\_

What words does your child use to indicate the need to use the toilet?\_\_\_\_\_

Is there anything about your child's toileting habits which would be helpful for the teachers to know?\_\_\_\_\_

\_\_\_\_\_

## **Sleeping**

Does your child take a nap? \_\_\_\_\_

Usual nap time \_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_

When does your child awaken? \_\_\_\_\_

Does your child fall asleep on his/her own? \_\_\_\_\_

Is there anything else about your child's sleep habits which would be helpful for the teachers to know? (i.e. room sharing, attitude towards bedtime, nightmares, etc) \_\_\_\_\_

## **Medical History**

Does your child have any allergies? (If yes, please explain) \_\_\_\_\_

Is your child subject to a lot of colds? \_\_\_\_\_

Are there accompanying factors such as bronchitis, ear infections, etc? \_\_\_\_\_

Is your child taking any medication on a regular basis? (If yes, please explain) \_\_\_\_\_

Has your child had any serious illness, operations, accidents or hospital stays? \_\_\_\_\_

Is there any additional information regarding medical needs or other factors critical to your child's well-being and ability to participate in the program? \_\_\_\_\_

## **Social-Emotional History**

Is your child currently enrolled in another preschool? (days & times) \_\_\_\_\_

Had your child had any previous school experience? If so, where? \_\_\_\_\_

What age did he/she begin and for how long? \_\_\_\_\_

What were his/her reactions? \_\_\_\_\_

Any other group experiences, with parent or alone? \_\_\_\_\_

How did your child handle his/her first separation from you? \_\_\_\_\_

What are your separation routines? \_\_\_\_\_

Are there specific situations in which your child becomes tense, afraid, angry? \_\_\_\_\_

\_\_\_\_\_

How is your child best comforted? \_\_\_\_\_

What does your child do independently? (i.e. dressing, washing, problem solving) \_\_\_\_\_

\_\_\_\_\_

In general, how do you limit or discipline your child? \_\_\_\_\_

\_\_\_\_\_

### **Religious Background**

Are you a member of a synagogue? Name? \_\_\_\_\_

Parent's religious background \_\_\_\_\_

Is the child instructed according to one religion or another? \_\_\_\_\_

What religious occasions are celebrated in the home? \_\_\_\_\_

Child's Hebrew name, if any \_\_\_\_\_

### **General**

What do you enjoy most about your child? \_\_\_\_\_

\_\_\_\_\_

What do you see as your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What experiences would you like your child to have in this program? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns regarding your child's development? \_\_\_\_\_

\_\_\_\_\_

Do you have any questions or concerns about your child's preschool experience? \_\_\_\_\_

\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

Does your child have any favorite toys, books, songs, subjects, interests? \_\_\_\_\_

\_\_\_\_\_

Does your child watch TV/ Movies/Videos? \_\_\_\_\_

Are there programs, activities, classes, topics, etc that you are interested in from the school or synagogue? \_\_\_\_\_

\_\_\_\_\_

Are there any activities, interests, hobbies you like to do that you would be willing to come share/teach to your child's class? \_\_\_\_\_

\_\_\_\_\_

Please feel free to share any additional information that you would like us to know about your child and your family. We want to be sensitive and responsive to each child's and family's individual needs. *(continue on back if needed)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Thank you for sharing this information with us. If you would like to discuss anything with the staff confidentially, please feel free to call the director and set up a meeting. We are always glad to meet with you at any time.