



BETH YESHURUN DAY SCHOOL  
BACK TO SCHOOL FORMS CHECKLIST  
2017 - 2018

- ✓ EC Confidential Form
- ✓ Publicity Consent Form
- ✓ Transportation Form *(if same for all children, fill only one)*
- ✓ Grandfriends' Information *(new students and grandfriend updates only)*
- ✓ Medical Forms
- ✓ Birth Certificate Submitted *(New students only)*

Thank you for taking the time to complete these forms. The more information we have about your child, the better we can individualize our program to meet his or her needs. Should there be any changes regarding your child's development or history, please keep us informed.



Early Childhood Student Information Form 2017-2018

**\*All statements marked with an asterisk are required for new students only.** Withholding information may jeopardize our ability to help your child. All information will be held confidential and used only by those working directly with your child for his/her benefit.

Student Name: \_\_\_\_\_  
  LAST   FIRST   MIDDLE

Preferred Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Sex: M F     Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

Marital status of parents \_\_\_\_\_

Parents' or Legal Guardians' Names:

**Name#1:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**Name#2:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**Name#3:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**Name#4:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

\* Religion(s) practiced at home \_\_\_\_\_

\* Language(s) spoken at home \_\_\_\_\_

\* Is your child adopted? \_\_\_\_\_ If so, please list age at the time of the adoption \_\_\_\_\_

\* Is your child aware of the adoption? \_\_\_\_\_

\* Has your child been cared for by someone other than parents? If so, by whom and relationship?

\_\_\_\_\_



\* Has your child been to preschool, day care, or a playgroup before? If so, where?

\_\_\_\_\_

Please list names and ages of brothers, sisters, and other adults in households

\_\_\_\_\_

Are there any circumstances regarding your child's home which would be helpful for the school to understand (e.g. divorce, separation, illness, long absences of a family member, etc.)?

\_\_\_\_\_

What is your perception of your child's strengths and needs at this time?

\_\_\_\_\_

Please circle items below that describe your child . . .

|            |               |             |               |
|------------|---------------|-------------|---------------|
| Aggressive | Even-tempered | Impulsive   | Bites         |
| Attentive  | Fearful       | Independent | Strong-willed |
| Clumsy     | Fearless      | Moody       | Stubborn      |
| Curious    | Friendly      | Persistent  | Quiet         |
| Dependent  | Good-natured  | Energetic   | Shy           |
| Happy      | Other: _____  |             |               |

Does your child usually play alone or with others? \_\_\_\_\_

What are his/her favorite toys or activities? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ If so, when \_\_\_\_\_

Please describe assistance needed and words used \_\_\_\_\_

What time does your child wake up? \_\_\_\_\_ Go to bed? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When, and for how long? \_\_\_\_\_

Describe any fears your child has \_\_\_\_\_

How does your child handle new situations? \_\_\_\_\_

How does your child deal with separation? \_\_\_\_\_

How does your child accept correction? What does he do that requires discipline? What method of



discipline do you use?

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What helps comfort your child when troubled or frustrated? \_\_\_\_\_

Does your child use a pacifier, bottle, or special toy at home? If so, will it be coming to school?

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**DEVELOPMENTAL MILESTONES:**

\* How old was your child when he/she: Walked \_\_\_\_\_ Spoke in simple sentences \_\_\_\_\_

\* Was your child's birth premature? \_\_\_\_\_ If yes, how early? \_\_\_\_\_

\* Any complications? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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Does your child get sick frequently \_\_\_\_\_ Explain \_\_\_\_\_

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Has your child had any surgeries or other hospitalizations? \_\_\_\_\_

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Does your child have any problems with vision or hearing? \_\_\_\_\_ If so, please explain

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Do you feel your child's speech is clear? \_\_\_\_\_ If not, are you concerned? \_\_\_\_\_

Please explain \_\_\_\_\_

\* Has your child had any developmental or psychological testing or counseling? \_\_\_\_\_

\* If so, please attach a report.

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? If so, please describe:

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What are your expectations of your child's preschool experience? \_\_\_\_\_

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## Publicity Consent 2017-2018

Throughout the year we take pictures and videos of our children engaged in a variety of activities, receiving awards, and during special days. These pictures are often posted in our school or used for digital or print publicity.

Yes, I give consent for my child's photograph to be published for BYDS publicity.

No, I do not give consent for my child's photograph to be published for BYDS publicity.

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Name

*By typing your name in the dialog box above and submitting, it is considered authorization of this form, as if I had signed a hard copy of this Agreement and returned it to the School.*



## Transportation Form 2017-2018

\_\_\_\_\_ I will transport my child myself.

\_\_\_\_\_ My child is in a carpool. The children in the carpool are:

*If all your children carpool together, fill out only one form, but include all children's names below. If they are in different carpools, please fill out information under EACH of your children's profiles.*

| Child's Name | Parent | Grade | Home Phone | Cell Phone |
|--------------|--------|-------|------------|------------|
|              |        |       |            |            |
|              |        |       |            |            |
|              |        |       |            |            |
|              |        |       |            |            |
|              |        |       |            |            |

*If all your children have the same permissions, fill out only one form per family. If some of your children have different adults with permission for pick-up, please fill out that information under EACH of your children's profiles.*

The following people have my permission to pick up my child from school:

| Name | Relationship to Student | Cell Phone |
|------|-------------------------|------------|
|      |                         |            |
|      |                         |            |
|      |                         |            |

*I understand that in order for my child to be released from school to any person other than those designated above, I will need to send written permission on each occasion.*

\_\_\_\_\_  
Name

*By typing your name in the dialog box above and submitting, it is considered authorization of this form, as if I had signed a hard copy of this Agreement and returned it to the School.*



## Grandfriend Information 2017-2018

Throughout the year, we like to communicate with our Grandfriends. Please provide information for your children's grandparents or other special friends so we can be in touch, and please mark November 15, 2017 on your calendar for BYDS Grandfriends' Day.

### *NEW FAMILIES and EDITS ONLY*

*If all your children share grandfriends, fill out only one form, but include all children's names below. If they have different grandfriends, please fill out information under EACH of your children's profiles.*

Grand Friend #1: Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you think he/she is interested in receiving our weekly newsletter?

Grand Friend #2: Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you think he/she is interested in receiving our weekly newsletter?

Grand Friend #3: Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you think he/she is interested in receiving our weekly newsletter?

Grand Friend #4: Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you think he/she is interested in receiving our weekly newsletter?

These are also the Grandfriends of:

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_



Student's Name: \_\_\_\_\_