



BACK TO SCHOOL FORMS CHECKLIST 2018 - 2019

Early Childhood (CDO-Pre-K)

- Student Information Form
- Transportation Form
- Grandfriends' Information (new students and grandfriend updates only)
- *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.

In order for your child to receive academic accommodations, these documents must be on file in the school office.

If you have one, please ensure the school has a copy of your custodial agreement.



Early Childhood Student Information

2018-2019

***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.

Child's full name (first, middle, last)		
Preferred name:	Date of birth:	Place of birth:
Sex: M F	Hebrew name:	
Parent/Guardian 1:	Relationship to child:	Primary phone and email:
Parent/Guardian 2 (if applicable):	Relationship to child:	Primary phone and email:
Parent/Guardian 3 (if applicable):	Relationship to child:	Primary phone and email:
Parent/Guardian 4 (if applicable):	Relationship to child:	Primary phone and email:
Child lives with:	Parent/Guardian 1	Parent/Guardian 2 Other (Please specify):
Marital status of parents:		
*Religion practiced at home:		
*Primary language(s) spoken at home:		
*Is your child adopted? _____ If so, please list age at the time of the adoption _____ Is your child aware? _____		
*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.)?		

Tell us about your child...

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, at what age:

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?

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?

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:
Does your child get sick frequently _____ Explain:
Has your child had any surgeries or other hospitalizations?
Does your child have any problems with vision or hearing? _____ If so, please explain:
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:
What are your expectations of your child's preschool experience?

Parent(s) Signature(s): _____

Date: _____

Thank you!

Early Childhood Transportation Form

_____ I will transport my child myself.

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

Child's Name	Parent Name	Grade	Home Phone	Cell Phone

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

Adult 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.

Parent(s) Signature(s): _____

Date: _____

Thank you!

Early Childhood Grandfriends' Information Form

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.

NEW FAMILIES and EDITS ONLY

Grand Friend #1: Name(s): Primary phone:	Relationship to child:	Mailing address: Email address:
Grand Friend #2: Name(s): Primary phone:	Relationship to child:	Mailing address: Email address:
Grand Friend #3: Name(s): Primary phone:	Relationship to child:	Mailing address: Email address:
Grand Friend #4: Name(s): Primary phone:	Relationship to child:	Mailing address: Email address:

These are also the Grandfriends of:

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

Parent(s) Signature(s): _____

Date: _____

Thank you!