



**The following information will enable us to better understand your child's needs. Please fill out a new Student Profile Form each year. Thank you.**

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Nickname, if any: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment \_\_\_\_\_ (W) Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment \_\_\_\_\_ (W) Phone #: \_\_\_\_\_

Do both parents live with the child? If not, please explain: \_\_\_\_\_

Parent address and phone # (if different than child's): \_\_\_\_\_

Medical history we should be aware of (allergies, conditions, disabilities, etc.): \_\_\_\_\_

Does your child take any medications on a regular basis? If so, please explain: \_\_\_\_\_

Names and phone numbers of persons other than parent authorized to pick up child:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Does your child have a step-parent? \_\_\_\_\_ If yes, which? \_\_\_\_\_ For how long? \_\_\_\_\_

Siblings' Name(s) and age(s):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Please list any other people residing in your home: \_\_\_\_\_

Has your child attended a Mom's Day Out or similar program? If so, when and where? \_\_\_\_\_

Is child left regularly with a babysitter? If so, is it at your home or the sitter's home? \_\_\_\_\_

Approximately how many hours a week? \_\_\_\_\_ Has there recently been or do you anticipate a change in your babysitting situation? If so, please explain: \_\_\_\_\_

Are there any special family circumstances that might be a factor in your child's behavior or adjustment? (i.e. illness, death, separation or divorce, new baby, etc.) \_\_\_\_\_

Does your child prefer to play alone or with others? \_\_\_\_\_

Are his/her playmates younger, older or about the same age? \_\_\_\_\_

What method of self-protection does your child use (hitting back, biting, crying, etc.)? \_\_\_\_\_

What method of comfort does your child prefer? \_\_\_\_\_

How is your child disciplined? \_\_\_\_\_

What are your child's favorite toys, indoors and outdoors? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Does your child have difficulty with: Hearing? \_\_\_\_\_ Vision? \_\_\_\_\_ Motor? \_\_\_\_\_ Other? \_\_\_\_\_

Is there anything else you would like us to know about your child that would help us to better understand him/her?

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# Emergency Contacts Permission To Treat

Class Enrolled \_\_\_\_\_

M/W/F \_\_\_\_\_

M-F \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

1) Parent/Guardian Full Name \_\_\_\_\_

Address  Same as Child  Different Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

2) Parent/Guardian Full Name \_\_\_\_\_

Address  Same as Child  Different Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Person To Contact if Parents/Guardians Cannot Be Reached

1) Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2) Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Medical Information

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

List Allergies (Food/Medicine) \_\_\_\_\_ Asthma  Yes  No

Preferred Hospital \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy/ID Number \_\_\_\_\_

Adat Reyim Preschool has my permission in an emergency, when my physician or I cannot be contacted, to take my child to nearest emergency room. The hospital's medical staff have my authorization to provide treatment that a licensed physician deems necessary for the well-being of my child, including first aid treatment, medication, hospitalization or surgery. Expenses incurred will be borne by the child's family. A copy of this form will be given to 911 responding Emergency Medical Services and hospital staff.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Photo/Video Release 2018-2019

Throughout the year, photos/videos are taken by our staff to be displayed in our school and synagogue newsletters, on our websites and in school emails.

These images document the exciting learning that takes place daily in our school. The publication of photographs/videos allows one to easily see what we mean by making learning visible in early childhood education.

***Please note that children's names and personal information are NEVER included with any of the images!***

I give permission to Congregation Adat Reyim to use my child's image.

I deny permission for the Congregation Adat Reyim to use my child's image.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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