

SHIRLEY R. ABELSON ALEPH PRE-SCHOOL
INTAKE CONFERENCE FORM – 2010/11

Child's Name _____ Nickname _____

Address _____ City _____ Zip _____

Phone (_____) _____ Synagogue Affiliation _____

Birth date _____ M or F (circle) _____ Right or left handed (circle) _____

Allergies _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Place of Employment _____ Place if Employment _____

Business Phone (_____) _____ Business Phone(_____) _____

Cell Phone(_____) _____ Cell Phone(_____) _____

Family E-Mail _____

Both parents at home? _____ One parent at home? _____ Other? _____

Names/ages of other children in family: _____

Other adults in home? _____ Relationship to child _____

Doctor _____ Phone (_____) _____

Dentist _____ Phone (_____) _____

PERSONS TO BE CALLED IN CASE OF EMERGENCY OTHER THAN PARENTS:

Name _____ Relationship _____ Phone(_____) _____

Name _____ Relationship _____ Phone(_____) _____

LANGUAGE DEVELOPMENT:

Is his/her speech easily understood? _____ If no, please describe _____

Substitutes one sound for another? _____ If yes, please describe _____

Has your child had his/her hearing tested? _____ Results _____

Has your child had his/her eyes checked? _____ Results _____

- OVER -

SOCIAL/EMOTIONAL DEVELOPMENT

1. Participation in play: _____ Just watches _____ Eager to participate
2. Interaction with other children: __Likes to play with others, __Plays by herself/himself, _____Just watches
3. Sharing toys and protection of personal rights:
- _____ Passive (lets others take toys)
 - _____ Cries, but does not defend rights
 - _____ Physically defends rights
 - _____ Uses words to defend rights
4. Favorite play activities, toys and special interests: _____
- _____
5. How does your child react if he/she doesn't get what he/she wants? _____
- _____
6. How is he/she disciplined at home? _____
- _____
7. Does your child have any fears? _____
8. Has your child had any previous group experience? _____ Where? _____
9. Do you anticipate any difficulties with separation? _____

GENERAL INFORMATION

Does your child have any special needs? _____

Is there anything else you'd like us to know about your child? _____

What would you like your child to gain from his/her experiences at Aleph School? _____

THE FOLLOWING PEOPLE ARE NOT AUTHORIZED TO PICK MY CHILD UP FROM ALEPH SCHOOL.

Name _____ Relationship _____

Name _____ Relationship _____

PARENT SIGNATURE _____ DATE _____