

# Child and Family Information

2010-2011

Please **print** and complete this application in full.

## STUDENT INFORMATION

Current Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_

Name Called \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone # (\_\_\_\_) \_\_\_\_\_ Home E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Day Born (to determine Hebrew birthday) \_\_\_\_\_

Class Entering \_\_\_\_\_

## PARENTS INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

If separated or divorced, please respond to the following questions.

With whom does the child reside? \_\_\_\_\_ Person with legal custody \_\_\_\_\_

To whom should school correspondence be sent? \_\_\_\_\_

**Siblings** - Please list the names and ages of brothers and sisters in the family.

<u>Names</u>	<u>Ages</u>	<u>Names</u>	<u>Ages</u>
_____	_____	_____	_____
_____	_____	_____	_____

**SEE BACK**

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## RELIGIOUS BACKGROUND

Was mother born to the Jewish faith? \_\_\_\_\_ If not, has she converted to Judaism? \_\_\_\_\_

Was father born to the Jewish faith? \_\_\_\_\_ If not, has he converted to Judaism? \_\_\_\_\_

Is the child adopted? \_\_\_\_\_ If yes, was he/she born to the Jewish faith? \_\_\_\_\_

Are you affiliated with a synagogue? \_\_\_\_\_ If yes, which one \_\_\_\_\_

## EMERGENCY TELEPHONE NUMBERS - PLEASE COMPLETE ALL BLANKS

_____ Name (family member/friend) (must live in vicinity of Charlotte)	_____ Relationship	(_____)_____ Day Phone	(_____)_____ Cell Phone
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_____ Name (family member/friend)	_____ Relationship	(_____)_____ Day Phone	(_____)_____ Cell Phone
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## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that I cannot be contacted to make arrangements for emergency medical care for my child, I authorize a staff member of The Jewish Preschool on Sardis to take him/her to the doctor or hospital I have listed below:

_____ Doctor's Name	(_____)_____ Office Telephone Number
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_____ Address	_____ City	_____ State	_____ Zip
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Please check ONE of the following hospitals that you prefer your child be taken to in an emergency:

- ( ) Presbyterian—Matthews ( ) Presbyterian—Charlotte  
( ) CMC—Pineville ( ) CMC—Charlotte ( ) Other \_\_\_\_\_

## CHILD'S MEDICAL HISTORY

Does your child have a chronic illness? \_\_\_\_\_ Please explain. \_\_\_\_\_

Does your child receive medication on a regular basis? \_\_\_\_\_ If so, for what? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If so, to what? \_\_\_\_\_

Is your child receiving any therapies (i.e speech, OT, PT) \_\_\_\_\_

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

Please list any information that may affect safe care or medical treatment for your child.

\_\_\_\_\_

The information on this form is true and correct.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date