

**Westchester Reform Temple  
Early Childhood Center  
Background Information Form**

NAME OF CHILD \_\_\_\_\_ CHILD'S FAVORITE NICKNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CHILD'S AGE (as of 9/1) \_\_\_\_\_

CHILD'S ADDRESS

\_\_\_\_\_

HOME PHONE # \_\_\_\_\_

ADDRESS OF MOTHER OR FATHER IF DIFFERENT FROM CHILD'S ADDRESS

\_\_\_\_\_

OTHER CHILDREN IN HOUSEHOLD (Name, Date of Birth, Relationship)

\_\_\_\_\_

\_\_\_\_\_

OTHER ADULTS IN HOUSEHOLD

\_\_\_\_\_ CELL PHONE # \_\_\_\_\_

\_\_\_\_\_ CELL PHONE # \_\_\_\_\_

WHICH KINDERGARTEN WILL YOUR CHILD BE ATTENDING? \_\_\_\_\_

PARENT 1'S NAME \_\_\_\_\_ PARENT 1'S OCCUPATION \_\_\_\_\_

PARENT 1'S PLACE OF WORK \_\_\_\_\_ PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ E-Mail \_\_\_\_\_

PARENT 2'S NAME \_\_\_\_\_ PARENT 2'S OCCUPATION \_\_\_\_\_

PARENT 2'S PLACE OF WORK \_\_\_\_\_ PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ E-Mail \_\_\_\_\_

**RELIGIOUS BACKGROUND:**

PARENT 1 \_\_\_\_\_ PARENT

2 \_\_\_\_\_

MEMBER OF WESTCHESTER REFORM TEMPLE Y/N \_\_\_\_\_ OTHER \_\_\_\_\_

**(CONTINUED)**

**DEVELOPMENTAL HISTORY: IS THERE ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD'S DEVELOPMENTAL HISTORY TO DATE:**

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**IS YOUR CHILD TOILET TRAINED? Yes\_\_\_\_\_ No\_\_\_\_\_**

**DOES YOUR CHILD HAVE ANY ALLERGIES OR DIET RESTRICTIONS?**

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**DOES YOUR CHILD CURRENTLY HAVE AN EPI PEN? Yes\_\_\_\_\_ No\_\_\_\_\_**

**SOCIAL HISTORY:**

**HAS YOUR CHILD EVER ATTENDED NURSERY SCHOOL? IF SO, WHERE**

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**HAS YOUR CHILD EVER BEEN EVALUATED? IF SO PLEASE DESCRIBE:  
SPEECH AND LANGUAGE?**

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**OCCUPATIONAL THERAPY?**

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**PHYSICAL THERAPY?**

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**PSYCHOLOGICAL TESTING?**

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**IS YOUR CHILD CURRENTLY RECEIVING ANY SERVICES? IF SO, PLEASE DESCRIBE**

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**If you answered YES to any of the above questions – Does your child have an IEP (Individual Education Plan) ? If so, WRT requires that you share it with the ECC Director and your child's teachers.**

**WHAT MAKES YOUR CHILD FRUSTRATED OR UPSET?**

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(CONTINUED)

HOW DOES YOUR CHILD SHOW HIS/HER FEELINGS?

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HOW IS YOUR CHILD BEST COMFORTED?

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DOES YOUR CHILD HAVE ANY HABITS, NEEDS, SCHEDULES OR SENSITIVITIES YOU FEEL WE SHOULD KNOW ABOUT IN ATTEMPTING TO PERSONALIZE OUR APPROACH?

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HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY?

FRIENDLY?  SHY?  CLINGING?  BOSSY?   
AGGRESSIVE?  INDEPENDENT?  WITHDRAWN?  OUTGOING?

*Should there be any significant changes in your child's and/or family life over the course of the year, please help us help your child by updating this information.*

*Please share your thoughts with us so that we can make this a rewarding experience for you and your child.*

DO YOU HAVE ANY SPECIAL CONCERNS ABOUT YOUR CHILD (I.E., MEDICAL, SOCIAL, VERBAL, ETC.)?

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ANY INFORMATION WHICH MIGHT BE HELPFUL TO THE STAFF IN WORKING WITH YOUR CHILD?

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WHAT ARE YOUR REASONS FOR SENDING YOUR CHILD TO OUR PROGRAM?

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PARENT'S SIGNATURE \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM. THIS INFORMATION IS STRICTLY CONFIDENTIAL AND WILL ONLY BE SHARED WITH THE ECC DIRECTOR AND THOSE STAFF MEMBERS WORKING DIRECTLY WITH YOUR CHILD.**