

Temple Emanuel ECDC Intake Form rev. 1/14/16

Child's name _____ DOB _____

Address _____ City _____ Zip _____

Home phone (_____) _____ School District _____

Parent's name _____

Cell # (_____) _____ Email address _____

Parent's name _____

Cell # (_____) _____ Email address _____

Language/s spoken at home: _____

Other children in family: (Name and birth date)

Please describe your child's personality/interests and list any ways we can help him/her at school.

Please list any allergies:

Please list any concerns, including medical, family changes, sensitivities, fears, behaviors:

Has your child ever been evaluated by a child development professional? yes no

Does your child receive early intervention? yes no Does your child have an IEP? yes no

Please describe any special needs and ways we can support your child.

May we display your child's photo on the TE-ECDC blog and website? ___ yes ___ no

May we include your family address, phone # and email in the school directory? ___ yes ___ no

Parent's signature _____ Date _____