**Temple Emanuel ECDC Intake Form** rev. 7/3/18

**Child’s name:** Click here to enter text. **DOB:** Click here to enter text.

**ECDC admission date:** Click here to enter text. **Language(s) spoken at home:** Click here to enter text.

**Address:** Click here to enter text. **City:** Click here to enter text. **Zip:** Click here to enter text.

**Home phone:** Click here to enter text. **School District:** Click here to enter text.

**Parent’s name:** Click here to enter text.

**Cell #:** Click here to enter text. **Email address:** Click here to enter text.

**Parent’s name:** Click here to enter text. **Email address:** Click here to enter text.

**Cell #:** Click here to enter text.

**Other children in family (Name and DOB):**

Click here to enter text.

Click here to enter text.

Click here to enter text.

**Please list any allergies or medical concerns:**

Click here to enter text.

**Please describe your child’s personality/interests and list any ways we can help him/her at school:**

Click here to enter text.

**Has your child ever been evaluated by a child development professional?** Choose an item.

**Does your child receive early intervention?** Choose an item. **Does your child have an IEP?** Choose an item.

**Please list any concerns, including medical, family changes, sensitivities, fears, behaviors. Please describe any special needs and ways we can support your child.**

Click here to enter text.

**May we post your child’s photo on Remini (school/family app-see hand book for more info)?** Choose an item.

**May we display your child’s photo on the TE-ECDC blog and website?**  Choose an item.

**May we include your family address, phone # and email in the school directory?** Choose an item.

**Parent’s signature** Click here to enter text. **Date:** Click here to enter a date.