

2009-10 Student History Form

For NEW families only

Date:	Child's First Name:	Child's Last Name:
Child's Nickname:	Parent/Guardian 1 Name:	Parent/Guardian 2 Name:

Please describe your child's birth. Was he/she premature or overdue? Were there any complications?

Has your child ever experienced a serious illness or hospitalization? Please describe.

Has your child been in preschool before? Yes / No	Dates:	Where?:
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Is there anything about your child's behavior that concerns you? Yes/ No
If yes, please describe:

What is the primary language spoken at home?

Why have you enrolled your child in our program?

How do you think we can best contribute to your child's happiness and development?

What factors did you consider to ultimately select our program? Please rank in importance 1-8 with 1 being most important.

Location	Cost	Judaics	Facility
Staff	Reputation	Hours	MJCCA resources

How did you hear about our preschool? Please mark all that apply.

Website	Postcard	Printed ad	Email
Current preschool family (name: _____)			
Other MJCCA member (name: _____)			

What special skills/talents do you or another family member have that you would be willing to share with your child's class or our school community?

Thank you for taking time to complete this. We use this to help make your child's transition to school successful and to help improve our program.