



Gan Shalom

Student Forms

Temple Shalom of Chicago, Gan Shalom Early Childhood Center
3480 North Lake Shore Drive
Chicago, IL 60657

Telephone: (773) 525-4867 or (773) 525-4707, ext. 330

www.sholomchicago.org

GENERAL INFORMATION

Child's Name _____ Hebrew Name _____
Last First Nickname

Date of Birth ____/____/____ Phone (____) _____

Address _____
Street City Zip

Email _____

Mother/Guardian's Name _____
Last First Nickname

Mother/Guardian's Occupation _____ Company _____

Company Address _____
Street City Zip

Father/Guardian's Name _____
Last First Nickname

Father/Guardian's Occupation _____ Company _____

Company Address _____
Street City Zip

Please list your child's medications and when they are administered.

| Medication | When Administered |
|------------|-------------------|
| | |
| | |
| | |

Please list your child's allergies (medications, food, latex), and their symptoms (breathing problems, runny nose, watery eyes).

| Allergy | Symptom |
|---------|---------|
| | |
| | |
| | |

Please list any other health issues: _____

Please list three people whom you authorize to pick up your child from school.

| Name | Phone Number | Relationship to Child |
|------|--------------|-----------------------|
| | | |
| | | |
| | | |

EMERGENCY CONTACT INFORMATION

Mother/Guardian's Work Phone (____) _____ Cell Phone (____) _____

Father/Guardian's Work Phone (____) _____ Cell Phone (____) _____

Whom should we contact in case of emergency when neither parent/guardian is available?

1. Name _____ Phone (____) _____

Relationship to child _____ What does the child call this person? _____

2. Name _____ Phone (____) _____

Relationship to child _____ What does the child call this person? _____

In case of emergency when neither parent/guardian is available, I authorize the Gan Shalom staff to contact:

Dr.'s Name _____ Phone (____) _____

Address _____
Street City Zip

Parental Signature _____ Date _____

As part of NAEYC's criteria we must have health insurance information for all children enrolled in Gan Shalom programs.

Insured Name _____

Insurance Carrier _____

Member # _____

Group # _____

In case of accident, injury on the premises, or medical emergency, I authorize the Gan Shalom staff to call 911 in order to obtain emergency medical treatment for my child, including hospitalization, if necessary.

Parental Signature _____ Date _____

FAMILY AND SOCIAL HISTORY

Was your child adopted? Yes No If yes, at what age? _____ Does your child know? Yes No

Parent Marital Status

| Marital Status (Please check all that apply) | | | | |
|--|--|----------------------|-------------------------|----------------|
| Together | | | | |
| | | Date Occurred | | |
| Separated | | / / | | |
| Divorced | | / / | | |
| Widowed | | / / | | |
| | | | Step-Parent Name | Address |
| Mother Remarried | | / / | | |
| Father Remarried | | / / | | |

If parents are not together, please complete the next two lines.

Custody/Visitation Arrangements: _____

Child lives with: Mother Father Step-mother Step-father

Father Information

Date of Birth _____ / _____ / _____ Highest Level of Education (high school, BA) _____

Special interests or hobbies: _____

Mother Information

Date of Birth _____ / _____ / _____ Highest Level of Education (high school, BA) _____

Special interests or hobbies: _____

Sibling Information

| Name | Birthdate | Grade | School | Living at home? (Check one) | |
|------|-----------|-------|--------|--------------------------------|----|
| | / / | | | Yes | No |
| | / / | | | Yes | No |
| | / / | | | Yes | No |
| | / / | | | Yes | No |

Step-Sibling Information

| Name | Birthdate | Lives with Child (check one) | | If not, what is child's contact? |
|------|-----------|---------------------------------|----|----------------------------------|
| | | Yes | No | |
| | / / | Yes | No | |
| | / / | Yes | No | |
| | / / | Yes | No | |
| | / / | Yes | No | |

Other Household Member Information

| Name | Age | Relationship to Child |
|------|-----|-----------------------|
| | | |
| | | |
| | | |
| | | |

Is there anything special about these relationships that would help us understand your child?

Does the child share a room? Yes No If yes, with whom? _____

Grandparent Information

| Maternal Grandparents Names | Address | What does child call them? |
|-----------------------------|---------|----------------------------|
| | | |
| | | |
| Paternal Grandparents Names | | |
| | | |
| | | |

HEALTH HISTORY

Illnesses (please check all that apply)

| Illness | Age | |
|---------------|-----|--|
| Chicken Pox | | |
| Scarlet Fever | | |
| Mumps | | |
| Measles | | |

| Illness | Frequency | Comments |
|-----------------|-----------|----------|
| Cold | | |
| Tonsillitis | | |
| Earache | | |
| Stomach problem | | |

| Illness | Age | |
|-----------|-----|--|
| Diabetes | | |
| Hepatitis | | |
| Other: | | |

| Illness | Frequency | Comments |
|------------|-----------|----------|
| Vomit | | |
| High Fever | | |
| Other: | | |

Please explain if your child had any serious accidents: _____

Exams/corrections (please check all that apply)

| Exam | Correction? (circle one) | | Correction Made |
|---------|-----------------------------|----|--------------------------|
| | Yes | No | |
| Dental | | | |
| Vision | | | (e.g., glasses) |
| Hearing | | | (e.g., hearing aid) |
| Feet | | | (e.g., corrective shoes) |
| Other: | | | |

Please give a general evaluation of your child's overall health: _____

Does your child currently receive any special services or has your child received any special services in the past such as speech therapy, occupational therapy, physical therapy (please list all that apply)?

DEVELOPMENTAL HISTORY

Acquired Skills

| Skill | Age Acquired Skill | N/A |
|--------------------------|--------------------|-----|
| Crawl on hands and knees | | |
| Sit Alone | | |
| Walk Alone | | |
| Name simple objects | | |
| Repeat short sentences | | |
| Sleep through the night | | |
| Begin toilet training | | |

What word does your child use for: Urination _____ Bowel Movement _____

What is the usual time of bowel movements? _____

Is your child: Right-handed Left-handed

What time does your child usually eat: _____ Breakfast _____ Lunch _____ Dinner

Any special food habits: _____

What time does your child go to bed at night? _____ Does your child sleep well? Yes No

If not, why? _____

Please list any languages besides English spoken in your home? _____

Favorite Activities

| Indoor | Outdoor |
|--------|---------|
| | |
| | |
| | |
| | |

When and with whom does your child watch TV? _____

What are your child's favorite TV programs? _____

Favorite Parental Activities

| With Mother | With Father |
|-------------|-------------|
| | |
| | |
| | |
| | |

What are your child's fears? _____

Please list any developmental issues: _____

How does the mother handle the child's behavior of which she disapproves? _____

How does the father handle the child's behavior of which he disapproves? _____

How does your child show that he/she is upset (withdraws, cries, etc)? _____

How would you describe your child's personality? _____

What do you like about your child? _____

Anything else you would like to share about your child? _____

CHILDCARE HISTORY

Caregivers

| Role (babysitter, nanny, daycare) | Age (Teenager, Adult) | Frequency (Regular, Varied) |
|--------------------------------------|--------------------------|--------------------------------|
| | | |
| | | |
| | | |

How does your child react to a babysitter? _____

If both parents work, what is the childcare arrangement when not at school? _____

Does your child have organized play group experience? Yes No How often? _____ Where? _____

What were your child's reactions? _____

Neighborhood Playmates

| Name | Age |
|------|-----|
| | |
| | |
| | |
| | |

RELIGIOUS INFORMATION

Is your family affiliated with a congregation? Yes No Which one? _____

Why did you choose a Jewish program for your child? _____



GAN SHALOM DISCIPLINE POLICY

Guidelines for Student Discipline

For purposes of these guidelines, the term discipline means guiding and/or directing a child from random, impulsive or testing-out behavior to self-controlled, purposeful behavior. Rules and requirements are minimal, clear, and reasonable. To this end: always model and reinforce acceptable behavior.

- No staff member shall use corporal punishment. Discipline is never to be used as a punitive measure.
- Remain calm and composed. Maintain control over the situation. This will help to calm the child.
- Instructions to the child should be simple, clear and reasonable.
 - When realistic, give the child the opportunity to make a choice, and allow him/her to follow through with that choice.
 - Always make it clear to the child that his/her actions, not his/her personality, are unacceptable.
 - Inform the child of the consequences of his/her actions.
 - Food should not be used as a reward or punishment.
 - No special privileges shall be given to any child.
 - In a conflict, help the “hurt” child express his feelings followed by the “hurting” child’s feelings. Always acknowledge both children’s feelings.
 - If a child becomes uncontrollably disruptive, remove him/her from the situation and help the child to regain control. The child will decide when they are ready to re-enter the group. The child needs your help to make this transition. If the child is consistently disruptive, inform the director who will contact the parents and schedule a conference.

In order to provide the children with the best possible school experience, the Gan Shalom staff maintains a consistent working relationship with the social work department at the Jewish Children’s Bureau.

Dismissal by School Request

Occasionally, the Gan Shalom program is not able to meet the needs of a child and/or family. After attempts have been made to meet the child’s individual needs, any child who demonstrates an inability to benefit from the type of care offered by Gan Shalom or whose presence is detrimental to the group, shall be discharged from the facility. Circumstances which would necessitate the school to request withdrawal include:

- Behavior that endangers the health and/or safety of the child or others.
- Failure to pay fees.
- Refusal of parents to adhere to school policies.
- Lack of readiness by a child to enter a group situation at the present time.
- Any situation in which the child’s participation in the program is not in his/her best interest, as determined by the director.

In all instances, when Gan Shalom decides that it is in the best interest of the child to terminate enrollment, Gan Shalom will work with the parents to meet the needs of the child and parents, such as referrals to other agencies or facilities. Dismissal will be at the discretion of the director with one week’s notice.

Effective Ways For Parents to Negotiate Difficulties and Differences

- Immediately bring your concern to the attention of your child’s teachers.
- If your issue has not been resolved, bring it to the attention of the director or the assistant to the director of Gan Shalom.
- Finally, if your issue is still not resolved, bring your concern to the attention of Temple Shalom of Chicago’s director of education.

Parental Signature _____ Date _____

PHOTOGRAPH PERMISSION

I hereby give permission for my child to be photographed at Gan Shalom activities, parties, and functions for bulletin board displays or possible news articles.

Parental Signature _____ Date _____

FIELD TRIP PERMISSION

I hereby give permission for my child to participate in educationally-related trips during the school day. All of these trips will be within close proximity of the school, properly planned and supervised by Gan Shalom staff.

Parental Signature _____ Date _____

PARENT PARTICIPATION AGREEMENT

We welcome and encourage parent participation at Gan Shalom. If you would be willing to share your time and/or talents with us, we would be glad to have you with us! Please indicate which of the following activities that you would be willing to do.

| Activity (Please check all that apply) | |
|--|--------------------------|
| Be a Shabbat Emah (mother) or Abba (father) | <input type="checkbox"/> |
| Help with holiday parties | <input type="checkbox"/> |
| Help with classroom projects | <input type="checkbox"/> |
| Share your profession or occupation for "community helpers" week | <input type="checkbox"/> |
| Accompany our class on field trips | <input type="checkbox"/> |
| Bake and cook for family events | <input type="checkbox"/> |
| Assist with fundraising events | <input type="checkbox"/> |
| Please list other special talents: | <input type="checkbox"/> |

Parental Signature _____ Date _____

PARENT FORM

Dear Parents,

Temple Shalom of Chicago Gan Shalom Early Childhood Center's philosophy is based on the principles of child development, offering children the opportunity to grow in cognitive, social, emotional and physical areas. A strong emphasis is placed on positive self-image and Jewish identity. We teach Jewish values and traditions, based on developmentally appropriate practices. Every Friday we celebrate Shabbat and invite the parents to bake challah with the children. Jewish Holiday celebrations take place in each classroom. Parents are invited and encouraged to participate in these events. Dates for our events are included in the calendar for the school year.

I, _____, have read and understand the Gan Shalom philosophy.
(parent's name)

Parental Signature _____ Date _____