



MENACHEM MENDEL ACADEMY

Early Learning Center

FAMILY QUESTIONNAIRE

Child Information

Last Name First Name Middle Name

Male Female

Preferred Name Date of Birth MM/DD/YYYY Hebrew Birthday

Street Address City State Zip Code

How was your child's last school experience?

Positive Negative Neutral Other _____

Please select the program in which you wish to enroll your child (all programs are Monday-Friday):

- Infants (from 6 weeks of age)
- Toddlers (from 12 months of age)
- Pre-K to 3 years (must be *fully* potty trained)
- Kindergarten

Infants & Toddler hours are from 7:30 am to 5:30 pm
Pre-K/Preschool & Kindergarten hours are from 8:45 am to 2:45 pm

Are you interested in our Before & After-Care Program? Yes No

If so, which service?

- Before-Care Program
- After-Care Program

Parent/Guardian Information

| | |
|----------------------|----------------------|
| Father's Name: _____ | Mother's Name: _____ |
| Home Address: _____ | Home Address: _____ |
| Employer: _____ | Employer: _____ |
| Occupation: _____ | Occupation: _____ |
| Cell Phone: _____ | Cell Phone: _____ |

Email: _____ Email: _____

Best Contact Method: Phone Email Both Best Contact Method: Phone Email Both

Who is the primary contact for your child? Father Mother

Parents' Marital Status (select all that apply): Married Separated Divorced Never Married

- Father deceased Father Remarried *Father is sole legal guardian*
 Mother deceased Mother Remarried *Mother is sole legal guardian*

If one parent is the sole legal guardian or if someone other than the parent is the legal guardian, Menachem Mendel Academy Early Learning Center is required to have documented evidence on file at the time of registration in order to control the release of children to approved persons only.

Family Information

Does your child have siblings? Yes No

If so, please share more information about their names and ages. *(This helps us understand the family dynamic to welcome and make each child feel at-home when speaking with them about their siblings, etc.)*

| Name | Age | Grade | School Attending |
|-------|-------|-------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does your child have grandparents or extended family that lives locally? Yes No

What language(s) does your child speak? English Hebrew Yiddish Other _____

What age did your child begin to speak? _____ years _____ months

What age did your child begin to speak in sentences? _____ years _____ months

What other language(s) does your child hear? _____

At what age did your child begin to walk? _____ years _____ months

Does your child have any allergies or medical conditions that we should be aware of? Yes No

If yes, please elaborate: _____

Does your child currently have a consistent bedtime routine and bed time?

What time does your child go to bed? _____ PM and time your child wakes up? _____ AM

How many hours of sleep total, does your child sleep on average per night? _____ hours

Does your child currently nap during the day? Yes No

If applicable, what time does your child take a nap? _____ to _____ AM/PM

How long does your child usually nap? _____

How often do you read to your child? _____

How would you describe your child? _____

What are your child's strengths? _____

What are some areas your child needs improvement on? _____

What are some of your child's interests, hobbies, and/or skills? _____

How can we help your child succeed this year? _____

Please list any goals you have for your child this year: _____

Lastly, what made you choose Menachem Mendel Academy Early Learning Center?
