

Hebrew Day School Jabad

Early Childhood Information Form

Date_____

Name_____ Date of Birth_____

Age_____ Grade Level_____

Please indicate any relevant information concerning the following:

Pregnancy and birth:_____

Breast feeding period: _____

Please indicate if the following periods have been completed and the age at which they occurred/finished.

Child crawled_____

Child walked_____

Potty trained_____

Bottle Fed_____

First Words_____

First phrases _____

Please make any comments you seem necessary regarding the following aspects:

Feeding habits _____

Sleeping habits _____

Siblings and relationship to siblings _____

Previous Nursery or Preschool experience _____

Any significant events in your child life (moves, illness, death in the family)

Activities and hobbies
