



# LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

## HOME PROFILE

Click inside the grey boxes to type or print to fill out by hand.  
All new registrants will receive follow up communication from one of our Inclusion Specialists

### Student Information

<b>Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Address:</b>		
<b>Phone:</b>		

### Parents/Guardians Information

Household 1		
<b>Name(s):</b>	<b>Relationship to student:</b>	
<b>Address:</b>	<b>Home Phone:</b>	
<b>Email:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Email:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
Household 2 (if applicable)		
<b>Name(s):</b>	<b>Relationship to student:</b>	
<b>Address:</b>	<b>Home Phone:</b>	
<b>Email:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Email:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>

### Home Life

<b>Language(s) spoken at home:</b>
<b>Parents/Guardians Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other
<b>If separated or divorced, what are the custody arrangements? What are the arrangements on your student's class days?</b>
<b>Are there any other adult caretakers who share responsibility for your student (i.e. nanny, au pair, grandparent)?</b>

### Siblings *(please share applicable information)*

Name	Date of Birth	School	Jewish Education Program

<b>Who is authorized to pick up your child from Sunday School? Please list full names</b>



# LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Judaism at Home

Student's Hebrew Name: \_\_\_\_\_ Bar/Bat Mitzvah Date (if applicable): \_\_\_\_\_

Synagogue Affiliation (if applicable): \_\_\_\_\_

Do you affiliate with a particular denomination and/or are you an interfaith family?  
\_\_\_\_\_

Current Home Statement (What role does Judaism play in your child's life? What rituals are practiced at home regularly?)  
\_\_\_\_\_  
\_\_\_\_\_

Vision Statement (What role would you like Judaism to have in your child's life? What specific rituals would you like taught or reinforced?)  
\_\_\_\_\_  
\_\_\_\_\_

Bar/Bat Mitzvah Statement (What is your expectation for your child's Bar/Bat Mitzvah?)  
\_\_\_\_\_  
\_\_\_\_\_

Is your student familiar with Jewish holidays and symbols?  
\_\_\_\_\_

Is your student familiar with any Hebrew prayers?  
\_\_\_\_\_

Please describe your student's ability to read Hebrew.  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_



# LEV Children's Museum Jewish Education Program 2023- 24 New Student Registration

**Student Name:** \_\_\_\_\_

We invite all grandparents to attend our family events and programs. Please provide information that would allow us to send invitations directly.

## Grandparent Information

<b>Name(s):</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone:</b>

<b>Name(s):</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone:</b>

<b>Name(s):</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone:</b>

<b>Name(s):</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone:</b>



# LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

## EDUCATIONAL PROFILE

Click inside the grey boxes to type or print to fill out by hand.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A. School	
School Name:	Grade:
Address:	
Phone Number:	Teacher's Name:
How long has your child been at their current school?	
Class Placement (i.e. fully included, self-contained, etc.):	

B. Student Profile
What is your child's educational diagnosis and how does this impact his/her learning?
Please list accommodations utilized in the educational setting that support your child's learning: (i.e. scribe, visual schedules, timers, social stories, preferential seating, individual work areas)
Does your child receive any of the following related services or therapies inside or outside of school? <input type="checkbox"/> Speech therapy <input type="checkbox"/> Physical therapy <input type="checkbox"/> Psychological/psychiatric support <input type="checkbox"/> Social skills group <input type="checkbox"/> Behavioral support <input type="checkbox"/> Other: <input type="checkbox"/> Occupational therapy
What are your child's strengths?
What is your child's preferred learning style (i.e. discrete trials, use of visual supports, hands-on learning, music)?
Does your child benefit from any adaptive equipment or technology (i.e. special seating, special scissors, slant boards, markers vs. crayons)?



## LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

<b>Please list school activities that your child enjoys:</b>	<b>Please list school activities that your child dislikes:</b>
<b>Please describe your child's attention span for preferred activities:</b>	
<b>Please describe your child's ability to read (i.e. pre-reading, some sight words, at/above grade level):</b>	
<b>Please describe your child's ability to complete fine motor tasks (i.e. cutting, writing, building, coloring):</b>	
<b>Is your child comfortable with art activities using messy materials?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does your child follow one step directions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Multi-step directions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### C. Communication

**Describe how your child communicates (i.e. spoken language, sign language, gestures, augmentative communication)?**

**If your child is verbal, is his/her speech intelligible to others?**



# LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

## D. Behavior

**Does your child show any of the following behaviors? Check all that apply.**

- |   |   |                                   |   |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> Active             | <input type="checkbox"/> Expressive             | <input type="checkbox"/> Reserved | <input type="checkbox"/> Aggression to others<br>(bites, kicks, hits, punches, hair pulls)      |
| <input type="checkbox"/> Anxious            | <input type="checkbox"/> Moody                  | <input type="checkbox"/> Serious  | <input type="checkbox"/> Aggression to self<br>(bites, hits, pinches, hair pulls, head banging) |
| <input type="checkbox"/> Cheerful           | <input type="checkbox"/> Outgoing               | <input type="checkbox"/> Shy      | <input type="checkbox"/> Destruction of property or materials                                   |
| <input type="checkbox"/> Detail oriented    | <input type="checkbox"/> Overly talkative       | <input type="checkbox"/> Silly    | <input type="checkbox"/> Puts non-food items into mouth   |
| <input type="checkbox"/> Easily upset       | <input type="checkbox"/> Passive                | <input type="checkbox"/> Stubborn |   |
| <input type="checkbox"/> Easy going         | <input type="checkbox"/> Patient                | <input type="checkbox"/> Studious |   |
| <input type="checkbox"/> Energetic          | <input type="checkbox"/> Perseverates           | <input type="checkbox"/> Tantrums |   |
| <input type="checkbox"/> Enthusiastic       | <input type="checkbox"/> Quiet                  | <input type="checkbox"/> Unaware  |   |
| <input type="checkbox"/> Excessive movement | <input type="checkbox"/> Reduced attention span |                                   |   |

**What precipitates or triggers your child's challenging behaviors?**

**What are the early warning signs?**

**How do you calm your child?**

**What strategies are useful in preventing your child's challenging behaviors?**



## LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

How do you motivate or encourage your child to participate in activities?

What strategies are effective when your child is not participating or cooperating?

How does your child react to...

new people? \_\_\_\_\_

new environments? \_\_\_\_\_

changes in routine or schedule? \_\_\_\_\_

Is your child fearful of anything in particular?

Does your child have a behavior plan in place at school or at home?  Yes  No If so, enclose a copy.

Does your child have a reward system in place in school or at home?  Yes  No If so, enclose a copy.

Is your child toilet trained?  Yes  No

Please describe any specific help your child will need in toileting (i.e. reminder to wash hands, help with zippers or buttons).

If your child is still in diapers or wears training pants, a caretaker will need to be available for changes while your child is in class.

Does your child need assistance to eat or drink, including the use of adaptive equipment (i.e. adaptive spoon or plate, straw, sippy cup)? Is there any other important information about your child's eating and drinking?

Please list some of your child's favorite foods:

Please list foods your child dislikes:

Please let us know if your child has any food requirements during Sunday school.



# LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

## F. Socialization

**Does your child play with other children? Please describe.**

  
  
  

**Please respond to the following:**

Does your child enjoy being with other children his/her age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Does your child prefer to be with adults than children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Does your child take turns when working or playing with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Does your child share?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

**How does your child use his/her free time? Does your child have any special interests (i.e. animals, sports, technology)?**

  
  
  

**Is there any additional social, emotional or behavioral information you would like to share?**

  
  
  

**Please indicate the characteristics of a teen aide that would best support your child:**

<input type="checkbox"/> Approachable	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Nurturing	<input type="checkbox"/> Shares interests with my child
<input type="checkbox"/> Athletic	<input type="checkbox"/> Female	<input type="checkbox"/> On time	<input type="checkbox"/> Silly
<input type="checkbox"/> Calming	<input type="checkbox"/> Male	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Talkative
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Firm	<input type="checkbox"/> Patient	<input type="checkbox"/> Trendy
<input type="checkbox"/> "Cool"	<input type="checkbox"/> Good sense of humor	<input type="checkbox"/> Quiet	<input type="checkbox"/> Fluent in Hebrew
<input type="checkbox"/> Energetic	<input type="checkbox"/> Laid back	<input type="checkbox"/> Serious	<input type="checkbox"/> Strong Jewish background
<input type="checkbox"/> Other:			

Comments:





# LEV Children's Museum Jewish Education Program 2023-24 Student Registration

## EMERGENCY & MEDICAL FORM

Click inside the grey boxes to type or print to fill out by hand.

Student Information		
<b>Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Address:</b>		
<b>Phone:</b>		

Parents/Guardians Information		
<b>Parent 1 Name:</b>	<b>Email:</b>	
<b>Address:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Parent 2 Name:</b>	<b>Email:</b>	
<b>Address:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Who should we contact when child is in class?</b>		
<b>What is the best way to reach that person?</b>		

Emergency Contacts <i>(Please provide two contacts in case parents/guardians cannot be reached)</i>	
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>

Medical Information
<p><b>Please list your child's diagnoses (i.e. autism, cerebral palsy, seizure disorder, anxiety disorder).</b></p>
<p><b>Please list and describe treatment for any medical conditions that LEV Children's Museum should be aware of, including allergies (food, drug, environmental), asthma and seizures.</b></p> <p><i>If there is a procedure you would like LEV Children's Museum to follow that does not fit in this space, please indicate so here and attach as a separate document.</i></p>
<p><b>Please list your child's medications, including EpiPens and inhalers.</b></p> <p><i>LEV Children's Museum does not administer non-emergency medications. Parent must inform LEV Children's Museum of changes to your child's medications.</i></p>



## LEV Children's Museum Jewish Education Program 2023-24 New Student Registration

### Medical Information (continued)

Does your child have any limitations on activities?

Does your child use any specialized equipment (i.e. wheelchair, braces, glasses, hearing aid, prosthesis, helmet, special seating)?

Is there any additional medical information that would be helpful?

### Pediatrician Information

Name:

Phone:

Name of Practice:

Hospital Affiliation:

Address:

### Health Insurance

Provider:

Policy Number:

In case of a medical emergency requiring immediate emergency care, I authorize LEV Children's Museum staff to secure treatment including transport to a hospital if necessary.

I agree

I do not agree

Today's date:

A signed medical form with immunization history must be submitted prior to the child beginning the program. It must be based on an examination performed within the past year.