

ATTACH PASSPORT
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UNITED HERZLIA SCHOOLS
בתי"ס המאוחדים הרצליה

FOR OFFICE USE

ADMISSION NO:

FAMILY CODE:

LEARNER INFORMATION

For enrolment into
SARAH BLOCH DAY CARE CENTRE
and **HERZLIA PRE-PRIMARY SCHOOLS**

This form must accompany the Application for Enrolment Form.

ENROLMENT YEAR

PUPIL'S FULL NAME

SCHOOL

Your completed application must be returned to the administration office of
UNITED HERZLIA SCHOOLS.

HISTORY OF PREGNANCY AND BIRTH

How was the pregnancy?

Baby pre-term or full term?

Weight (kgs):

How fed:

Breast

When weaned?

Bottle

Until what age?

Describe any feeding difficulties:

Allergies:

DENTITION

When did the child cut first teeth?

Describe any teething difficulties:

Has the child visited a dentist?

PHYSICAL DEVELOPMENT

Age of sitting:

Age of crawling:

How did the child move around before walking?

When did the child walk?

MEDICAL HEALTH

Child's pediatrician:

Describe your child's health:

Has the child any physical challenges?

Has the child any hearing or sight challenges?

Does the child develop a high temperature or fever?

Has the child had any operations?

Does the child have ear infections?

Any history of illness during the first year or after:

Was the child hospitalised?

Any infectious diseases?

Yes

No

When

Fully immunised with Triple Vaccine (DPT)

Yes

No

When

Fully immunised against Hepatitis B

Yes

No

When

Fully immunised against Polio

Yes

No

When

Fully immunised against Mumps, Measles, Rubella (MMR)

Yes

No

When

Fully immunised with BCG

Yes

No

When

Fully immunised against Meningitis (ACT HIB or TETRA-HIB)

Yes

No

When

Has the child been in contact with active TB?

Yes

No

When

Any medicine usually given?

LEARNING THROUGH PLAY

Indoor playroom?

Has he/she a garden?

What are your child's favourite play toys?

Does child pack away playthings?

LANGUAGE DEVELOPMENT

Baby talk?

Age of talking?

Words?

Sentences?

Is there speech delay?

Has any advice been sort?

Does he/she have stories read?

Is there music in the home?

Piano?

Radio/Records/CDs?

Does the child show interest in music?

Does the child sing?

Is the child rhythmic?

Television?

SOCIALISATION

How would you describe your child's temperament?

How does your child react when reprimanded or corrected?

Does your child have fears?

Is your child easily frustrated?

Has frequent temper tantrums?

How do you deal with this?

Has your child any special characteristics that we should know about in order to understand him/her?

What are your feelings about separation from your child?

How do you expect your child to react to school?

SLEEP

Sleep at night:

Time child goes to bed:

Falls asleep:

Wakes up in the morning

Nap:

Time child falls asleep:

Awakens:

Is child quiet?

Play in bed?

Sing in bed?

Restless?

Does child suck thumb?

Does child have a dummy?

GENERAL INFORMATION

NAME OF SCHOOL:

SURNAME:

FIRST NAMES:

Hebrew names:

DATE OF BIRTH:

Hebrew date:

Father's full name:

Mother's full name:

Home address:

Home Tel:

Father Bus Tel:

Mother Bus Tel:

Mother Cell:

Father Cell:

Family Doctor:

Doctor Tel:

Doctor Cell:

General information about family, especially chest/heart conditions, eyesight, hearing and learning difficulties:

MEMBERS OF HOUSEHOLD

How many children in the family?

Position of child in the family:

Other children by name and age:

Relatives, other names, housekeeper:

Home Language:

Who will bring and fetch child from school?

GENERAL SUPPORT

We apply the principle of early identification of development delays and early intervention in order that we accommodate your child's development needs.

The following services are provided:

- Speech and hearing screening.
- Eye-screening at a nominal fee.
- A learning support team is available to work with the teacher to assess and refer your child if needed.
- Regular observations and assessments of your child's progress and reported three times a year to parents.

Parents will be requested to participate in school security duty on a roster basis to help ensure your child's safety at school.

I/We hereby certify that the information given on this form is complete and accurate.

Parent/Guardian's Signature

Date