

Child's Profile – Solon Chabad Aftercare

Please take a few minutes to answer the following questions. It will help us understand your child better.

Child's full name: _____

What name would you like to appear on the class lists:

Does child live with both parents? _____ if no, please explain living arrangements

Please list siblings of the child:

Name: _____ Age: _____ Lives in same home: _____

Name: _____ Age: _____ Lives in same home: _____

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Is there a special relationship (other than parents and siblings) that would help us to understand your child better? _____

Does your child have any special food habits? _____

Are there any learning issues, vision, hearing, speech or language problems we should be aware of? _____

Do you want your child to be required to do their homework here? _____

How do you describe your child's personality? _____

Please share anything else that you would like to tell us about your child? _____

Permission to photograph

I grant permission for my child _____ to be photographed in an individual or group picture which may be released to the newspaper or used by Solon Chabad.

Parent's Signature

Date

I give my permission for my child to be taken on "walking trips" with their class to the social Hall, Library main kitchen, clergy offices and Sanctuary within the building as well as around the entire grounds and campus of Solon Chabad.

Parent's Signature

Date

Yes _____ No _____ I agree to have my name, telephone number, and address included on the center's parent roster and school directory which will be made available upon request to any parent whose child is enrolled in the center.

Parent's Signature

Date

I received and reviewed the parent handbook

Parent's Signature

Date