

**Family to Family 2019-2020**  
**Family's information**

**1. Demographic Information**

a. Parents

Mother

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Father

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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b. Occupation and profession:

Mother: \_\_\_\_\_

Father \_\_\_\_\_

c. Marital Status:

Married

Divorced

Separated

d. Custody Arrangements

Shared

Mother is a custodian parent

Father is a custodian parent

e. Home address: \_\_\_\_\_

f. Email(s): \_\_\_\_\_

g. . Contact phone number(s): \_\_\_\_\_

h. . Synagogue affiliation: \_\_\_\_\_

**2. Participating children**

a. First Name \_\_\_\_\_

Last Name \_\_\_\_\_

b. Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah with the program: \_\_\_\_ Yes \_\_\_\_ No

c. First Name \_\_\_\_\_

Last Name \_\_\_\_\_

d. Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah with the program: \_\_\_\_ Yes \_\_\_\_ No

e. Other siblings, names and D.O, B. \_\_\_\_\_

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**3. Psychological Information**

How would you describe your child?

a. Easily Engaged, \_\_\_\_\_

b. Requires time to get to know other children to feel comfortable  
\_\_\_\_\_

c. Needs adult support to engage with other children  
\_\_\_\_\_

**4. Medical Information**

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a. Does your child have the special medical conditions that we should be aware off?  
\_\_\_\_\_  
\_\_\_\_\_

b. Does your child take any prescribed medications?  
\_\_\_\_\_  
\_\_\_\_\_

c. Does your child have any allergies including allergies to pets?  
\_\_\_\_\_  
\_\_\_\_\_

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**5. Hobbies and/or family's interests'**

a. Children's hobbies & interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Activities: \_\_\_\_\_

c. Pets: \_\_\_\_\_

d. Any special or specific notes \_\_\_\_\_

**6. Number of people traveling with the program:** \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Ch. \_\_\_\_

6. Bar/bat Mitzvah Information

a. Rabbi/Teacher \_\_\_\_\_

b. Contact Information \_\_\_\_\_

c. Hebrew Level \_\_\_\_\_