

# About Your Child – For Early Childhood Students

Please bring this sheet with you to Orientation.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What do you want your child to be called in school in Hebrew & English? \_\_\_\_\_

2. What is your child's Hebrew name? Please include last name. (written in Hebrew) \_\_\_\_\_

3. For Primer students: How would you like your child's name to appear on his or her Siddur?  
\_\_\_\_\_

4. What is your child's Hebrew birthday? \_\_\_\_\_

5. What does your child call you (mom and dad, abba & imma)? \_\_\_\_\_

6. Is your child a Kohen, Levi, or Yisroel? \_\_\_\_\_

7. Does your child have any allergies or medical issues? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

8. Please provide your email address \_\_\_\_\_

9. Please provide your child's grandparents' addresses, email and what they call their grandparents (sabba & savta etc.):  
\_\_\_\_\_  
\_\_\_\_\_

10. Emergency telephone numbers:

Mom's cell number: \_\_\_\_\_ Dad's cell number: \_\_\_\_\_

Additional emergency contacts \_\_\_\_\_

11. Will your child be on the school's milk program? Yes  No

12. Will your child be on the pizza program? Yes  No

13. a) Will your child be getting a school lunch? Yes  No  b) For the entire year or by the month? \_\_\_\_\_

14. How is your child getting home every day? Bus  Parent  Carpool

15. Is there anything else that you would like to tell us about your child?  
\_\_\_\_\_

**We look forward to getting to know your child!**