

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!