

**Vancouver Talmud Torah
Early Childhood Department**



EARLY CHILDHOOD INFORMATION SHEET

Child's Full Name:	Child's Birth Date: (MM/DD/YR):	If applicable, please list siblings and others living in the home, including pets:
Please select one: <input type="checkbox"/> Preschool Half Day <input type="checkbox"/> Preschool Full Day <input type="checkbox"/> JK Half Day <input type="checkbox"/> JK Full Day	Does your child have any allergies? YES/NO	If applicable, please state your child's allergies, including reactions and treatment:
IMMUNIZATIONS FORMS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child take any medications? YES/NO	If applicable, please list medications and other pertinent details:	
Parent 1 Full Name:	Parent 1 Email Address:	Parent 1 Contact Numbers: Mobile: Home: Work:
Parent 2 Full Name:	Parent 2 Email Address:	Parent 2 Contact Numbers: Mobile: Home: Work:
Emergency Contact 1 Full Name:	Relationship to child:	Emergency Contact 1 Tel No. Mobile: Home/Work:
Emergency Contact 2 Full Name:	Relationship to child:	Emergency Contact 2 Tel No. Mobile: Home/Work:

Please print clearly



EARLY CHILDHOOD INFORMATION SHEET (page 2)

Does your child nap? YES/NO Details:	Does your child dress him/herself? YES/NO Details:
Any dietary restrictions? YES/NO Please specify:	Any eating problems? YES/NO Please specify:
What are your child's favourite activities?	Does your child have any fears?
Has your child attended any toddler, preschool or extra-curricular programs? Please specify.	
Is there anything you would like to share with us about your child that would help us address his/her particular needs?	

Thank you for completing this information sheet. The responses will allow us to better understand and support your child. All responses will be kept confidential.

Please return this sheet to your classroom teacher on the first day of school.

Please print clearly