

Vancouver Talmud Torah  
Early Years Department



**EARLY YEARS INFORMATION SHEET**

Child's Full Name:	Child's Birth Date: (MM/DD/YR):	If applicable, please list siblings and others living in the home, <b>including pets:</b>
<b>Please select one:</b> <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 YEARS 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**