



CLASSROOM INFORMATION SHEET

KINDERGARTEN 3 – Abbie Loomer

Child's Full Name: _____

Preferred name to use in the class (if the name is different from the one above)

Child's Hebrew Name (if possible, please write in Hebrew): _____

Birth Date: Day: _____ Month: _____ Year: _____

Parent 1 Full Name: _____

Address: _____

Home Phone: _____

Work Phone : _____ Days: _____ Hours: _____

Cell Phone: _____ E-mail: _____

Parent occupation and/or special skills: _____

Parent 2 Full Name: _____

Address: _____

Home Phone: _____

Work Phone : _____ Days: _____ Hours: _____

Cell Phone: _____ E-mail: _____

Parent occupation and/or special skills: _____

Other siblings in birth order: _____

Emergency Contact Person: _____

Phone Number: _____

Other family members: _____

Pets: _____

Child's extra-curricular activities: _____

Child's favorite activities: _____



Child's History:

Any birth complications: _____

Does your child have a dominant hand: Right: _____ Left: _____

Allergies: _____

Reaction: _____

Any daily medications: _____

Does your child have any fears: _____

Do you have a way of dealing with your child when he/she misbehaves? _____

Is there anything else you would like to share with us about your child, which would help us address his or her particular needs?

Has your child attended preschool or daycare? _____

Which one? _____

Languages spoken at home: _____

This questionnaire is to allow us a better understanding of your child and all information will be kept *confidential*. Please return to your child's teacher on the first day of school.