

JACOBSON SINAI ACADEMY EARLY CHILDHOOD EDUCATION CENTER

Jacobson Sinai Academy provides academic excellence while nurturing souls for a fuller Jewish life

18801 NE 22 Ave • North Miami Beach • Florida • 33180 • (305) 932 -9012

STUDENT INFORMATION FORM

2009 - 2010

Child's Name _____ Age (9/01/09) _____ Sex _____ Birthdate _____

Address _____ Zip _____ Phone _____

Parent #1's Name Title _____ Occupation _____

Business Address _____ Phone _____

Parent #2's Name Title _____ Occupation _____

Business Address _____ Phone _____

Married _____ Widowed _____ Divorced _____ Other _____

SIBLING INFO (Name/Age/School): Name _____ Age _____ School _____

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Child's previous school _____ Class _____

What language is predominantly spoken in the home? _____

Does your child speak English? _____

Is your child potty trained? Yes _____ No _____ Almost _____

Describe potty assistant needed (if applicable) and words used: _____

What illnesses, operations has your child had? _____

Does your child take any medication regularly? (if yes, explain) _____

Does your child have allergies? (If yes, explain) _____

Is your child's diet restricted in any way? _____

Does your child have physical difficulties (speech, motor coordination, vision, etc)? _____

What are your child's napping needs? _____

Does your child have any particular fears? How do you handle them? _____

PLEASE TURN OVER