



YESHIVA OF FLATBUSH ישיבת פלמבאש

ELEMENTARY SCHOOL/EARLY CHILDHOOD

919 EAST 10TH STREET, BROOKLYN, NY 11230
718.377.4466 • WWW.FLATBUSH.ORG

Early Childhood Meet and Greet Student Information

STUDENT INFORMATION

Child's Name (Last, First): _____

Child's Preferred Name: _____

Child's FIRST and LAST name in Hebrew Letters (*students new to YOF only*):

Hebrew Date of Birth _____ Time of Day _____

Birthplace _____ Adopted (check if applicable)

Language Spoken at Home _____

PARENT INFORMATION

Mother's First and Last (Maiden) Name: _____ Birthplace: _____

Father's First and Last Name: _____ Birthplace: _____

SIBLINGS

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

PREVIOUS EDUCATION

School _____ Teacher _____

Describe your child's reactions to new situations:

What things upset your child? _____

Describe your child's fears, if any: _____

How do you reassure him/her? _____

Which hand does your child use most often? Right Left Undecided

Describe, if any, concerns or difficulties that you feel we should be aware of:

Who is home when your child returns from school?

HEALTH AND HABITS

Describe, if any, your child's **allergies** or **restrictions**:

Describe, if any, your child's **medical concerns**:

LANGUAGE AND SPEECH

At what age did your child begin to use words? _____

Other concerns: _____

Teacher's Name: _____ Date: _____