



GAN EDEN

THE AMERICAN-ISRAELI PRESCHOOL IN MANHATTAN

STUDENT FACT SHEET

Full Name: _____

Birthday: _____

Home Phone: _____

May I release your home phone number for a class list? Yes [] No []

Parents/Guardians

Name: _____ Work Phone: _____ Mobil #: _____

Name: _____ Work Phone: _____ Mobil #: _____

Name: _____ Work Phone: _____ Mobil #: _____

Siblings / Ages:

Does your child have any allergies or medical conditions that Gan Eden Preschool should know about?

Emergency Contacts:

Name Phone Mobile #

Who can pick up your child? Please list all people that Gan Eden Preschool may release your child to. Please include after-school program names. Gan Eden Preschool will not release a child to a any person or organization not listed unless other signed instruction is provided.

Does your child speak any languages other than English?

Does you child have any needs or concerns regarding the bathroom? Does he/she use any special language or words talking about bathroom functions?

Is there any other information that you can give that will help the staff of Gan Eden Preschool get to know your child better?
