

CKI Confidential Information Form 2010-2011
Please fill out one PER CHILD!

Please take the time to fill out this form (one per child) to help us meet the unique needs of your child. This form will be removed from the rest of the registration and will be kept in a secure file in the Religious School Office.

Student's Name _____ Student's Grade _____

I give permission for my child's religious school teacher to see this form. _____yes _____no

Please describe your child's past experience in Religious/Hebrew School.

What are your goals for your child's religious education this year?

Is your child on any medication (such as Ritalin, allergy medication...)? Please explain.

Are there any special family situations that we should be aware of to better your child's needs?

Is there any other information that you feel we should know in order to better meet your child's needs?

If you would like to discuss any of this information or tell me a little more about your child, please give the best time to call and the Rabbi would be happy to contact you this summer.

Your name _____ Phone numbers _____

Best time to call _____ E-mail _____
