

**INTRODUCE US TO YOUR CHILD**  
**St. Luke's Day School - Summer 2018**

Please note that this information is for the **confidential use** of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand your child.

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Health History**

**Allergies:** (please be very specific)

Asthma \_\_\_ Hay Fever \_\_\_ Hives \_\_\_ Other \_\_\_\_\_

Dietary allergies: \_\_\_\_\_

Is it caused topically or from ingestion? \_\_\_\_\_

How does the reaction manifest itself? \_\_\_\_\_

How should the reaction be treated? \_\_\_\_\_

**General Health Information:**

Does your child have any dietary restrictions? \_\_\_\_\_

How would you describe your child's overall health? \_\_\_\_\_

**If your child is in Summer Ones or Summer Twos, please answer the following:**

Does your child drink from: Bottle \_\_\_\_\_ Cup \_\_\_\_\_

Is there any special information about your child's eating, sleeping or diapering that we should know? \_\_\_\_\_

Is there a special blanket or toy needed at naptime? \_\_\_\_\_ If so, please describe \_\_\_\_\_

**If your child is in Summer Twos or Older, please answer the following:**

Does your child take regular naps?

What causes your child to show his/her temper? \_\_\_\_\_

\_\_\_\_\_

How is it displayed? \_\_\_\_\_

What method of behavior guidance is used in your home? \_\_\_\_\_

\_\_\_\_\_

**General Information**

Has your child previously attended preschool, or is SLDS summer camp their first "school" experience?

\_\_\_\_\_

Does your child follow a daily routine? \_\_\_\_\_

How does your child react to a change in routine? \_\_\_\_\_

\_\_\_\_\_

If both parents are away from home during the day, please state arrangements for child's care when (s)he is not at school: \_\_\_\_\_

\_\_\_\_\_

Does your child have any diagnosed special needs (i.e., speech, language, hearing, developmental delay, physical, emotional, behavioral)? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

Briefly tell us any information that would be helpful to your child's teacher: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you wish, use an additional page to tell us more about your child.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**