



INTRODUCE US TO YOUR CHILD Summer 2019

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 ___ Partnered ___ 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