



INTRODUCE US TO YOUR CHILD Summer 2024

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 _____

Date of Birth _____ Male Female

Home Address _____ Zip _____

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: Yes No (if yes, 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? _____

Note: Children who are prescribed EPI Pens must have an Allergy Action Plan on file.

General Health Information:

Does your child have any dietary restrictions? _____

How would you describe your child's overall health? _____

Any other health information we should know? _____

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

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? Yes No

If yes, please describe _____

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

Does your child take regular naps? Yes No

What causes your child to show his/her temper? _____

How is temper 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? _____

Please state arrangements for child's care when both parents away from home and (s)he is not at school:

Does your child have any diagnosed special needs (i.e., speech, language, hearing, developmental delay, physical, emotional, behavioral)? Yes No

If yes, 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