



## INTRODUCE US TO YOUR CHILD Summer 2025

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**