

INTRODUCE US TO YOUR CHILD
St. Luke's Day School
2017-2018

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 (include maiden name) _____

Place of Employment _____ Phone _____

Profession _____

Father's Name _____

Place of Employment _____ Phone _____

Profession _____

Marital Status of Parents: Married ___ Partnered ___ Separated ___ Divorced ___ Widowed ___

Child Lives With: Both Parents ___ Mother Only ___ Mother & Stepfather ___ Guardian ___
Father Only ___ Father & Stepmother ___ Joint Custody ___

Custody/Visiting Arrangements _____

Remarks _____

If Child Is Adopted (optional): Age at Adoption _____ Does child know he/she is adopted? _____

Remarks _____

Family Culture (optional)

Ethnicity: _____

Religion: _____

Home Language(s): _____

Health History

Allergies: Yes ___ No ___ (if yes, please be very specific below)

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? Be very specific: _____

General Health Information:

Does your child have any dietary restrictions? _____

Has your child had any serious illness, injury, or hospitalization during the last year? _____ If so, please explain _____

Do you have any concerns about: Speech (articulation) _____ Vision _____ Language _____
Hearing _____ Physical Development _____ Social Development _____

If so, please explain _____

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

Is your child in any kind of therapy? _____ If so, what type? _____

Therapist's Name and Phone _____

I give permission for the teacher to discuss my child's therapy with therapist listed above. Yes _____ No _____

If your child is in Infant/Toddler or Twos classes, please answer the following:

At time of delivery, was your child: Full-term _____ Premature _____ Overdue _____

Were there any complications during pregnancy? _____

Age at which child: Crawled _____ Sat Alone _____ Walked _____ Named Simple Objects _____

Does your child use a pacifier? If so, when? _____

Are you currently nursing your child? _____

Does your child drink from: Bottle _____ Sippy Cup _____ 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 Twos, Threes, Pre-K or Kindergarten classes, please answer the following:

Does your child nap? Yes _____ No _____

Is your child right or left handed? Right _____ Left _____

Does your child have any special fears? _____ If so, how are you dealing with them? _____

Has your child had vision or hearing testing? _____

General Information—please answer for all children:

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

How is temper displayed? _____

What method of behavior guidance is used in your home? _____

Please list the names of all children (include age and school) and adults living in the home. State relationship to the child:

Does your child follow a daily routine? _____

How does your child react to a change in routine? _____

During the school year, is there a baby due? _____ Is a move planned? _____

What pets do you have in your home? _____

Has your child had experience in a playgroup? _____

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

Have there been any family experiences that have influenced your child, such as a move, serious illness, extended guests in your home, or travel? _____

Do you have any other concerns that we should be aware of? _____

How would you describe your child's temperament (easy going, slow to warm, etc.)? _____

If you wish, use the back of this page to tell us more about your child. Include any information that would be helpful to your child's teacher.

Parent's Signature

Date