



**St. Luke's Day School  
Student Information Form 2018-2019**

We would like to provide a comforting transition for your child in the new school year. Please provide the following information so that we may get to know your child better.

**Child's Name** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**First Middle Last (Nickname)**

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Parent 1 Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parent 2 Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Email** \_\_\_\_\_

**First person to contact in event of emergency** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Can emergency contact receive text messages?** \_\_\_ Yes \_\_\_ No

**What is your child's general nature?** \_\_\_\_\_

**Does your child usually do what is asked of him/her?** \_\_\_\_\_

**Do you speak a language(s) other than English at home?** \_\_\_\_\_

**Does your child have siblings?** \_\_\_\_\_ **Names/Ages** \_\_\_\_\_

**Other members of household (Nanny, grandparent, etc.)** \_\_\_\_\_

**Who will usually be bringing and picking up your child from school?**  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Has your child had previous group experiences (such as play group, preschool, Sunday school)?**  
**Please detail:** \_\_\_\_\_

**Does your child have any pronounced fears?** \_\_\_\_\_ **If so, what?** \_\_\_\_\_

\_\_\_\_\_  
**What causes your child to be angry or upset?** \_\_\_\_\_

What comforts your child when they are angry or upset? \_\_\_\_\_

What is your child's favorite activity? \_\_\_\_\_

What is your child's least favorite activity? \_\_\_\_\_

Describe your child's appetite: \_\_\_ always hungry \_\_\_ never hungry \_\_\_ snacks  
\_\_\_ snacks all day \_\_\_ eats at mealtime \_\_\_ has to be encouraged to eat

Are there any foods your child may not/cannot eat? (due to allergies, religious customs, etc.)

\_\_\_\_\_

Which hand does child prefer to use? \_\_\_ left \_\_\_ right \_\_\_ neither \_\_\_ not sure yet

Does your child have any history of the following? If so, please explain:

- Allergies \_\_\_\_\_
- Asthma \_\_\_\_\_
- Medications \_\_\_\_\_
- Vision impairment \_\_\_\_\_
- Speech therapy \_\_\_\_\_
- Special dietary needs \_\_\_\_\_

Is your child toilet trained? \_\_\_ Yes \_\_\_ No \_\_\_ Almost

Does your child need help when using the bathroom? \_\_\_\_\_

Has your child ever been tested for a learning disability or developmental delay? If so, please explain

\_\_\_\_\_  
\_\_\_\_\_

Does either parent travel or have lengthy separations from child? \_\_\_ Yes \_\_\_ No  
Please explain \_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent signatures \_\_\_\_\_