



St. Luke's Day School
Student Information Form 2020-2021

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 _____