



**St. Luke's Day School**  
**Student Information Form 2021-2022**

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

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

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

**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.)

\_\_\_\_\_

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

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

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? \_\_\_\_\_

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

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 \_\_\_\_\_