

St. Luke's Day School - 2023-24 Registration Packet

STUDENT INFORMATION

Child's name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

Child's gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M / F month day year

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

- Allergies \_\_\_\_\_
- Asthma (Inhaler?) \_\_\_\_\_
- Regular medication use \_\_\_\_\_
- Impaired vision \_\_\_\_\_
- Speech therapy \_\_\_\_\_
- Special dietary needs \_\_\_\_\_

Describe your child's appetite:

- \_\_\_ always hungry
- \_\_\_ never hungry
- \_\_\_ snacks all day
- \_\_\_ 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 (independent)
- \_\_\_ yes (with help (explain: \_\_\_\_\_))
- \_\_\_ no (working on it)
- \_\_\_ no

Describe your child's personality:

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

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

\_\_\_\_\_

Do you speak a language other than English at home?

\_\_\_\_\_

Does your child have siblings? If so, names/ages?

\_\_\_\_\_

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Are there any other members of your household living under the same roof?

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Who will usually be bringing and picking up your child from school?

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Has your child had previous group experiences? (i.e. playgroup, preschool, Sunday School, etc.)

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

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What causes your child to be angry or upset?

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What comforts your child when they are angry or upset?

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What is your child's favorite activity?

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What is your child's least favorite activity?

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Which hand does your child prefer to use? (right, left, no preference, not sure yet?)

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

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Does either parent have lengthy separations from child or travel frequently?

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Is there anything else you would like to know about your child?

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