

STUDENT INFORMATION

Child's name _____ / _____ / _____
FIRST MIDDLE LAST

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

MEDICAL HISTORY:

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 _____

APPETITE:

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.)

TOILET HABITS:

At St. Luke's Day School, all of our 2's students should be actively working on potty training, if not already fully trained. Our 3's students should be fully potty trained and our PreK and Kindergarten students must be completely independent when toileting.

Please help us understand your child's toilet habits. Is your child toilet trained?

- ___ yes (completely independent)
- ___ yes (with help (explain: _____))
- ___ no (working on it (explain how you are working on it so we may fully support your child here at school with their potty training: _____))
- ___ no

Describe your child's personality:

Do you speak a language other than English at home?

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

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

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

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

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

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

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

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