

St. Luke's Day School & Kindergarten  
11080 Knights Road  
Philadelphia, PA 19154

ALL ABOUT MY CHILD

Child's Full Name \_\_\_\_\_  
Name Child is Called \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Previous school experience or child care arrangement \_\_\_\_\_  
\_\_\_\_\_

Developmental History

Type of Birth \_\_\_ Normal \_\_\_ Premature

Describe any complications involved \_\_\_\_\_

Age child began \_\_\_ Sitting \_\_\_ Crawling \_\_\_ Walking \_\_\_ Talking

Is your child a good climber? \_\_\_\_\_ Does your child fall easily? \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_ Other languages spoken \_\_\_\_\_

Any difficulty in speaking? \_\_\_\_\_

List major past illnesses or any physical conditions you are aware of \_\_\_\_\_  
\_\_\_\_\_

List any operations, accidents or hospitalizations \_\_\_\_\_

Is your child on any medications? \_\_\_ No \_\_\_ Yes Any side effects? \_\_\_\_\_

Does your child use any special devices at home? \_\_\_ No \_\_\_ Yes, what kind? \_\_\_\_\_

Does your child have any food allergies? \_\_\_ No \_\_\_ Yes, describe \_\_\_\_\_

Does your child have and allergies to medications? \_\_\_ No \_\_\_ Yes, describe \_\_\_\_\_  
\_\_\_\_\_

Sleeping

What is your child's bedtime? \_\_\_\_\_ What time does he/she get up? \_\_\_\_\_

Does he/she go to sleep easily? \_\_\_ Yes \_\_\_ No

Does he/she have any sleep disturbances? \_\_\_ Yes \_\_\_ No

What is your child's mood upon waking? \_\_\_\_\_

Does he/she take naps? \_\_\_ No \_\_\_ Yes, please describe \_\_\_\_\_

Does your child tire easily? \_\_\_ No \_\_\_ Yes, under what conditions \_\_\_\_\_

Eating

Please describe the eating patterns of your child in a day \_\_\_\_\_  
\_\_\_\_\_

Does he/she enjoy eating? \_\_\_ No \_\_\_ Yes

What are some favorite foods? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

Do you have any particular concerns about your child's eating habits? \_\_\_ No \_\_\_ Yes, describe \_\_\_\_\_  
\_\_\_\_\_

Does your child drink milk? \_\_\_ No \_\_\_ Yes  
If no, is it for medical reasons? \_\_\_ No \_\_\_ Yes

Social and Emotional Behavior/Experience

Does your child have temper tantrums? \_\_\_ No \_\_\_ Yes, how often and why? \_\_\_\_\_  
\_\_\_\_\_

Does your child cry easily? \_\_\_ No \_\_\_ Yes

Does your child enjoy playing alone? \_\_\_ No \_\_\_ Yes

Does your child relate to other children easily? \_\_\_ Yes \_\_\_ No, describe \_\_\_\_\_

How does your child relate to new people (strangers)? \_\_\_\_\_

How does your child relate to known adults? \_\_\_\_\_

What upsets your child? \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

How do you discipline your child at home? \_\_\_\_\_

Other Background Information

Who lives in your home? \_\_\_\_\_

Any pets in the house? \_\_\_\_\_

My child's favorite activity is: \_\_\_\_\_

My child's least favorite activity is: \_\_\_\_\_

The one thing I want you to know about my child is \_\_\_\_\_  
\_\_\_\_\_

Is your child afraid of anything? \_\_\_ No \_\_\_ Yes, what \_\_\_\_\_

Does your child receive any services for developmental or educational issues? \_\_\_ No \_\_\_ Yes, describe \_\_\_\_\_  
\_\_\_\_\_

Are there any unique family situations we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

What goals do you have for your child in the coming year? \_\_\_\_\_  
\_\_\_\_\_