



St. John's Lutheran Daycare Ministry and Preschool

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All About Your Child

As the parent or guardian of your child you are our greatest source of information. We will use this information to better meet your child's individual needs and make your family's experience at St. John's a positive one. If at any time any of the information changes please contact the director so we may update your file.

Today's Date _____ Child's Date of Birth _____

Child's Name _____

What is Child Called at Home _____

Mother/Guardian Name _____

Father/Guardian Name _____

Siblings Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Step-Parents or Step-Siblings (If applicable) _____

Family Members in Household _____

Pets _____

Recent Traumatic Events _____

Language Spoken at Home _____ Second Language _____

Describe your child's language and communication skills _____

What are your child's favorite games and activities _____

Tell us about your child's temperament and personality _____

How do you reassure and reward your child _____

What is your discipline method _____

Does your child have any food allergies? _____

Does any food cause stomach irritation? _____

Eating Habits/Skills: Does your child...

Like to eat _____ Use utensils _____ Feed self _____ Dislike any food _____

Have difficulty eating, chewing or swallowing _____

Infants: Number of bottles per day _____ Number of ounces per bottle _____

Times _____

Type of formula _____

Breast fed _____ How often _____

Jarred baby food schedule _____

What is your child's normal nap time _____

What time does your child normally wake up _____

What time does your child normally go to bed _____

Where does your child sleep (bed, crib, with parents...) _____

Does your child sleep through the night _____ Since what age _____

Does your child have any comfort items (blanket, pacifier...) _____

What does your child call these items _____

Potty Skills

Is your child completely potty trained _____ Urinate _____ Bowel Movements _____

If no, what does your child wear _____

How often does child need to go to restroom _____

Do they need to be reminded _____ Does your child need help with clothing _____

What words does your child use to express bathroom needs _____

Dressing Skills: Does your child need help with...

Shoes _____ Socks _____ Boots _____ Coat _____ Mittens _____ Pants _____ Shirt _____

Other _____

Is your child afraid of anything _____

Does your child have any health concerns or special needs _____

Does your child take medication _____

Has your child had experience playing with children other than siblings or relatives _____

Any additional information you feel we should know _____