



# LAKEVIEW CHRISTIAN

A · C · A · D · E · M · Y

155 West Central Entrance, Duluth, MN 55811 / [www.lakeviewchristianacademy.com](http://www.lakeviewchristianacademy.com) / 218-723-8844

## Summer Daycare Program Child Information

(this form must be completed for each child in the daycare program)

Child's Name \_\_\_\_\_

### Eating Habits and Patterns

What types of foods does your child like to eat? \_\_\_\_\_

What types of foods does your child dislike? \_\_\_\_\_

List any food or beverages that cause an allergic reaction: \_\_\_\_\_

Does your child primarily eat: \_\_\_ fed by an adult \_\_\_ with own fingers \_\_\_ with spoon or fork

Does your child have any special dietary needs that we should be aware of? \_\_\_\_\_

Please provide any other instructions or comments the staff should know about your child's eating habits \_\_\_\_\_

### Sleeping Habits and Patterns

Does your child usually sleep through the night at home? \_\_\_ Yes \_\_\_ No How many hours? \_\_\_\_\_

Does your child usually take a nap during the day? \_\_\_ Yes \_\_\_ No How long? \_\_\_\_\_

Does your child sleep with any of the following? \_\_\_ pacifier \_\_\_ special blanket \_\_\_ special toy

Are there any special instructions for sleeping the staff should be made aware of? \_\_\_\_\_

### Toileting Habits and Patterns

Is your child toilet trained? \_\_\_ Yes \_\_\_ No Does your child use a potty chair? \_\_\_ Yes \_\_\_ No

Does your child need help in the bathroom? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Is there any additional information for toileting the staff should be made aware of? \_\_\_\_\_

### Other Information

Describe your child's personality: \_\_\_\_\_

How does your child accept new people and new situations? \_\_\_\_\_

Does your child have any fears or concerns that we should be aware of? \_\_\_\_\_

Has your child had any previous childcare experiences or any other group experiences? \_\_\_\_\_

Does your child have any special considerations and/or accommodations that we need to be aware of in order to better care for your child? \_\_\_\_\_

What are some effective methods for comforting your child? \_\_\_\_\_

Does your child have any medical history/medications and/or health related conditions that we should be aware of? \_\_\_\_\_

Are there any recent family changes (i.e., divorce, death in family, new home, etc.) we should be aware of? \_\_\_\_\_

**Health Information**

Please complete the *Health Care Summary* and *Child Care Immunization Form* for your child.