



LAKEVIEW CHRISTIAN

A · C · A · D · E · M · Y

155 West Central Entrance, Duluth, MN 55811 / 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 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? _____

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

Toileting Habits and Patterns

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? _____

Does your child have an IEP or 504 plan? If so, please provide a copy.

Does your child have a PCA? If so, please provide details _____

Health Information

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