



St. Mark  
Children's Day Out

# STUDENT PROFILE

CHILD'S NAME: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE ENROLLED: CHILD'S NICKNAME: \_\_\_\_\_

WAS YOUR CHILD'S PREGNANCY FULL-TERM? \_\_\_\_\_

WERE THERE COMPLICATIONS? \_\_\_\_\_

IS THIS THE FIRST TIME YOUR CHILD HAS ATTENDED A CHILDCARE OR PRESCHOOL ENVIRONMENT?

DO YOU HAVE ANY CONCERNS? \_\_\_\_\_

ARE THERE ANY FOODS THAT YOUR CHILD CANNOT HAVE AT SCHOOL? For instance, is your child a vegetarian?

DOES YOUR CHILD HAVE FOOD ALLERGIES? Please describe.

**NOTE:** If your child has a food or other allergy, a FARE form *signed by a physician* must be present at the CDO the first day that your attends as per Department of Family and Protective Services.

IS YOUR CHILD CURRENTLY ATTENDING SPEECH, PHYSICAL, OR OCCUPATIONAL THERAPY?

HAVE THEY IN THE PAST?



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DOES YOUR CHILD HAVE A SPECIAL STUFFED ANIMAL OR BLANKET? WHAT IS ITS NAME?

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IS YOUR CHILD POTTY TRAINED? \_\_\_\_\_

IF YES, DO THEY REQUIRE ANY EXTRA HELP IN THEIR TOILETING? \_\_\_\_\_

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DOES YOUR CHILD NAP AT HOME? \_\_\_\_\_

HOW LONG? \_\_\_\_\_

WHO ARE THE FAMILY MEMBERS LIVING IN THE HOME?

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DO YOU HAVE PETS?

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WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES (at home or outside of home)?

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IS THERE ANY ADDITIONAL INFORMATION THAT WE NEED TO KNOW TO MAKE YOUR CHILD'S EXPERIENCE AT ST. MARK CHILDREN'S DAY OUT THE BEST ONE POSSIBLE?

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# PARENT PROFILE

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DAD'S OCCUPATION, EMPLOYER, AND WORK CONTACT INFO:

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MOM'S OCCUPATION, EMPLOYER, AND WORK CONTACT INFO:

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DURING THE YEAR WE HAVE MANY OPPORTUNITIES FOR YOUR INVOLVEMENT.  
HOW WOULD YOU LIKE TO HELP?

DONATING MATERIALS     DONATING TIME AT A FIELD TRIP OR SPECIAL EVENT

SUBSTITUTING     MAINTENANCE/REPAIRS FOR THE BUILDING OR PLAYGROUND

OTHER: \_\_\_\_\_

WE HAVE A CHILDREN'S DAY OUT BOARD THAT MEETS THE FIRST TUESDAY OF EACH MONTH AT 6 PM.  
We discuss events, policy changes, and other concerns regarding the children.  
WOULD YOU LIKE TO BE A PART OF THE BOARD? Child care is provided.

YES     NO