

Wheaton Park District

Child Information Sheet 2019

Child's Name _____

Address _____

Home Phone _____ Cell Phone _____

Birthdate _____ Email _____

Personal History

1. Does your child have a nickname? ____ Yes ____ No

If so, what is it? _____

2. My child lives with _____

3. My child speaks ____ English ____ Other Please specify _____

4. Does your child speak in ____ Words ____ Sentences?

5. Does your child have siblings? ____ Yes ____ No

Please list names and ages _____

6. Does your child have any conditions that would require classroom modifications? ____ Yes ____ No

7. Is there any other important information that you would like us to know?

Child Information Form

Bathroom Habits

1. Is your child toilet trained? ____ Yes ____ No
2. Can your child be relied upon to indicate his/her bathroom wishes? ____ Yes ____ No
3. Does your child have frequent toilet accidents? ____ Yes ____ No

How does your child react to the accidents? _____

Social Relationships

1. Has your child had experiences playing with other children? ____ Yes ____ No
2. Has your child ever been left with adults other than parents for any length of time?

____ Yes ____ No

3. Does your child mind playing alone at times? ____ Yes ____ No
4. Please check one or more of the following: My child mostly enjoys the company of:
____ Other Children ____ Adults ____ Both Children and Adults ____ Prefers to be alone
5. By nature, is your child ____ Friendly ____ Shy

6. What do you find is the best way to handle your child? _____

7. Please list any other comments that you think are necessary. _____
