

Wheaton Park District Child Information Sheet

Child's Name _____

Address _____

Home Phone _____ Cell Phone _____

Birthdate _____ Email _____

Personal History

1. Does your child prefer to go by 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?

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. _____
