

KIRKLAND LAKE DAY CARE CENTRE  
119 QUEEN STREET  
KIRKLAND LAKE, ONTARIO  
P2N 2S2  
TELEPHONE: 567-4225

INFORMATION SHEET:

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

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME CHILD NORMALLY ANSWERS TO: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME BY CHILD: \_\_\_\_\_

OTHER CHILDREN IN THE FAMILY:	NAME	AGE
	_____	_____
	_____	_____
	_____	_____

PERSONS ALLOWED TO BRING IN OR PICK-UP CHILD: \_\_\_\_\_

PLAY:

If your child has attended preschool/child care before, was the experience enjoyable? \_\_\_\_\_

What age group has your child played with? \_\_\_\_\_

Is there any area you anticipate difficulty for your child (crafts, sharing, following directions)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child use the following at home?

Crayons \_\_\_\_\_ Scissors \_\_\_\_\_ Pencil \_\_\_\_\_ Chalk \_\_\_\_\_ Markers \_\_\_\_\_ Glue \_\_\_\_\_

Special likes or dislikes (ie. toys, animals)? \_\_\_\_\_

TOILET HABITS:

Independent: \_\_\_\_\_ Not Independent: \_\_\_\_\_

Help Required: \_\_\_\_\_

Terminology used by child: \_\_\_\_\_

EATING HABITS:

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Allergies: \_\_\_\_\_

SLEEPING HABITS:

Naps: yes \_\_\_\_\_ no \_\_\_\_\_ duration: \_\_\_\_\_

SPECIAL NEEDS (INCLUDING ALLERGIES): \_\_\_\_\_

Has your child ever been separated from you for any prolonged periods? \_\_\_\_\_

Were there any difficulties with separation? \_\_\_\_\_

Have there been any significant events that may affect your child (ie. illness, death, new baby, separation, etc.)? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

How does he express his fear? \_\_\_\_\_

How does he express his anger? \_\_\_\_\_

Are there any other areas or concerns you wish to relate about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_