



SUPPLEMENTARY INFORMATION

2s & 3s

2016/2017

To be completed by September 1, 2016

CHILD'S NAME: _____
First Middle Last Nickname(if applicable)

Information on child:

Toilet trained for bowels? _____ When? _____ Toilet trained for bladder? _____ When? _____

Right handed? _____ Left handed? _____

What Language is spoken at home? _____

What is the Primary Language for the child? _____

Habits we should know about: _____

Is there anything about your child of which we should be aware (Fears, strengths, weaknesses, special qualities, special interest at this time)

What helps reassure your child? _____

How does he/she react to stress, strain, frustration? _____

Siblings:

NAME

AGE

I have read the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Human Services.

_____ I have read the Preschool Place & Kindergarten Handbook online at www.preschoolplace.com.

_____ I know the current Preschool Place & Kindergarten password.

_____ I understand that the Preschool Place & Kindergarten school calendar is online at www.preschoolplace.com.

Signature _____

Date _____