CHILDREN'S PLACE NURSERY SCHOOL 2019-20 School Year

Toddler and Young Preschool Personal Information Sheet

My Child's Name _____ Birthdate _____

1. How are my child's eating habits?

2. Does my child generally need a nap during the day?

3. Toileting…. Is your child potty trained or are you in the process of potty training? If so, how is that process going for you?

4. How does your child communicate with you? (Example: Verbal – uses some words or mostly non verbal communication)

5. What are some of your child's fear and what are some of the ways your child is comforted? Does he/she have a favorite stuffed animal of item they like to have when anxious?

Parent Signature :_____