



ISLAND KIDDIE KAMPUS

Grosse Ile
Riverview

CHILDREN'S INFORMATION SHEET FOR ISLAND KIDDIE KAMPUS

Date

Child's Name

Age

Sex

Date of Birth

Address

Phone

Father's Occupation

Business Phone

Business Address

Father's Social Security Number

Mother's Occupation

Business Phone

Business Address

Mother's Social Security Number

Name of Siblings

Sexes

Ages

School

Are the parents living together? Y-N Divorced? Y-N
Separated? Y-N Deceased? Y-N

Are other persons/relations living with the family?

How does your child relate to authority?

How does your child relate to his/her sibling(s)?

How does your child relate to his/her peers?

Please describe your child's home and neighborhood play situations.



ISLAND MIDDLE CAMPUS

*Grosse Ile
Riverview*

Does your child have any fears or anxieties?

Does your child get into conflicts? If so, how does he/she handle them?

How does your child adjust to new situations?

Does your child require special medication?

Does your child have any eating restrictions or allergies?

Does your child have any speech or hearing difficulties?

Are there any particular areas where your child may need help?

Does your child display particular problems, fears, or nervous habits?

How would you rate your child's social growth?

Does your child have any special interests?

When was your child toilet trained?

What time does your child go to bed?

Does your child exhibit any sleeping problems?

How much TV does your child watch per day?

What are his/her favorite TV shows?



ISLAND KIDDIE KAMPUS

*Grosse Ile
Riverview*

What are your goals in bringing up your child?

How do you handle discipline?

What do you hope your child will gain from this school experience?

Previous nursery experience- where/ when?

Who referred you to Island Kiddie Kampus?

Are there any further questions you have about Island Kiddie Kampus?

Parents/ Guardians signature

Thank you Shirley Mohny