



Summer Play Days (SPD)

Child Characteristic Sheet



Child's Name _____ DOB _____ Gender M F

Parent/Guardian _____ Phone _____

Sibling's Name(s) _____

Address _____ City _____ State _____ ZIP _____

Email _____

Authorized Pickup _____ Phone _____

Authorized Pickup _____ Phone _____

Allergies Yes No If yes, explain _____

Does your family regularly attend church? Yes No If yes, where? _____

Does your child nap? Yes No If yes, what times? _____

What time does your child go to bed? _____

Is your child potty trained? Yes No If yes, any details we should know? _____

Does your child have any fears? _____

What is the best way to comfort your child? _____

Does your child... (Check all that apply) bite nails? suck thumb? throw tantrums? bite others? _____

Does your child cry easily? Yes No _____

How does your child react to strangers? _____

Is it easy for your child to be separated from you? Yes No _____

Does your child have a special blanket, animal, pacifier? Yes No _____

Does your child play well with others? Yes No _____

Is it difficult for your child to take turns? Yes No _____

Does your child play well by him/herself? Yes No _____



Child Characteristic Sheet PAGE 2

Has your child been involved in a group setting with other children? (YMCA, childcare, church nursery, etc.) Yes No _____

What is your child's favorite activity? _____

What is your child's favorite food? _____

What is your child's learning style? / How does your child learn best? _____

Is your child excited about the Summer? Yes No _____

Is there anything else your child's teacher should know? _____

I have read the Summer Play Days Parent Handbook and understand that that by signing below,
I agree to follow the policies set forth by Summer Play Days.

SIGNATURE OF PARENT/GUARDIAN

Parent/Guardian Name _____ Date _____