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(281) 304-6004 (281) 256-0087 (fax)

Infant Child Profile

For children ages 6 weeks- 12 months

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom.

ld's Full Name: Dat		Date of Birth://
ent,	/Guardian's Name:	(Please Print)
	Has your child had previous group care experiences? □ Yes □ No	
	What language(s) is spoken in your home?	
	List the names and ages of siblings.	
	Do you have pets at home? —Yes —No If yes, please list type of pet and name. ———————————————————————————————————	
	What milestone(s) has your child reached? (I.e. rolling over or crawling)	
	Does your child take a pacifier? Yes No When?	
	How often and how long does your child na	p?
	How many hours does your child sleep at night?	
	List any additional care plan instructions, i.e. diapering or sleeping	