

Infant Child Profile

For children ages 6 weeks- 12 months
A new form is required with each classroom transition

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.

Child's Full Name: _____ Date of Birth: ___/___/___

Parent/Guardian's Name: _____
(Please Print)

1. Has your child had previous group care experiences? Yes No
2. What language(s) is spoken in your home? _____
3. List the names and ages of siblings.

4. Do you have pets at home? Yes No If yes, please list type of pet and name.

5. What milestone(s) has your child reached? (I.e. rolling over or crawling)

6. Does your child take a pacifier? Yes No When? _____
7. How often and how long does your child nap? _____
8. How many hours does your child sleep at night? _____
9. List any additional care plan instructions, i.e. diapering or sleeping _____

Parent/Guardian Signature

___/___/___
Date