



# Child Profile

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

(Please Print)

This profile will help your child's teacher get to know your child better. The more the teacher understands your child's personality and family dynamics, the more she/he will be able to meet your child's needs. Your input will also help with your child's adjustment to the new classroom.

1. List any nicknames your child may have. \_\_\_\_\_

2. Has your child had previous group care experiences? Yes  No

3. What would you like most for your child to experience with Kids 'R' Kids? \_\_\_\_\_

4. List activities your child enjoys. \_\_\_\_\_

5. Does your child have any fears? \_\_\_\_\_

6. Describe your child's personality. \_\_\_\_\_

7. What are your child's favorite toys? \_\_\_\_\_

8. List the names and ages of siblings. \_\_\_\_\_

9. Is child potty trained? If not, what stage is he/she in? \_\_\_\_\_

10. Does your child take a nap? Yes  No  How long? \_\_\_\_\_

Each classroom has a daily quiet time when children are expected to nap. If they are unable to nap after an hour; they can read or work on a quiet activity.

11. Does your child need a favorite item (such as a blanket or stuffed animal) for naptime? Yes  No  If yes, please describe: \_\_\_\_\_

12. How many hours of sleep does your child usually receive at night? \_\_\_\_\_

13. What language(s) is spoken in your home? \_\_\_\_\_

14. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_

15. Please list any allergies or special needs/instructions for your child. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date