



## 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 \_\_\_\_\_

Explain: \_\_\_\_\_

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

4. What does your child most enjoy doing? What toys they like best? \_\_\_\_\_  
\_\_\_\_\_

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

6. Do you consider your child shy or outgoing? \_\_\_\_\_

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

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

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

10. What words are spoken in your home for toileting? \_\_\_\_\_

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



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

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

14. What language(s) is/are spoken in your home? \_\_\_\_\_

15. Does your child have any allergies? \_\_\_\_\_

16. Does your child have any other special dietary needs besides food-related allergies? (i.e., no pork, no beef, vegetarian, etc.)

17. Does your child have any special medical or physical needs? Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_

18. Are you available to help us with field trips or special events? Yes \_\_\_ No \_\_\_

19. What is the marital status of the child's parents? \_\_\_\_\_

20. Who, besides the immediate family, resides in the home? \_\_\_\_\_  
\_\_\_\_\_

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

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