

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

Birthday: \_\_\_\_\_

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development your child has made. We need your input on any changes taking place outside of school that may have an affect on your child while in our care. Thank you for helping us make our school the best we can be.

1. Has your child had previous preschool experience?  Yes  No

If so, please elaborate:

2. What would you like most for your child to experience with us?

3. What does your child most enjoy doing?

4. Does your child have any fears?

5. Do you consider your child shy or outgoing?

6. What are your child's favorite toys?

7. About what things does your child express the most curiosity?

8. Does your child play with other children?  Yes  No

9. List the names and ages of other children in your family.

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

11. Does your child take a nap?  Yes  No If yes, how long? \_\_\_\_\_

12. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?  Yes  No

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

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

15. Are you available to help us with the field trips or other special events?  Yes  No

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

17. Does anyone else care for your children?  Yes  No If yes, then whom? \_\_\_\_\_

18. What language is spoken in your home? \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_