



### Suite 150 Child Profile

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

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

This profile will be updated with your child's promotion to the next class. However, as your child grows and develops, changes should be noted or added to this form to keep your child's teacher 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 effect on your child while in our care. Thank you for your cooperation.

1. Does your child have allergies to any foods?      Yes \_\_\_\_      No \_\_\_\_  
Explain: \_\_\_\_\_
2. Does your child have any allergies to anything other than foods?      Yes \_\_\_\_      No \_\_\_\_  
Explain: \_\_\_\_\_
3. Will you be providing any additional meals or snacks for your child?      Yes \_\_\_\_      No \_\_\_\_  
Explain: \_\_\_\_\_
4. Does your child have any special medical or physical needs?      Yes \_\_\_\_      No \_\_\_\_  
Explain: \_\_\_\_\_
5. Has your child had previous preschool experiences?      Yes \_\_\_\_      No \_\_\_\_  
Explain: \_\_\_\_\_
6. What would you like for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_
7. What does your child most enjoy playing with? \_\_\_\_\_  
\_\_\_\_\_
8. Does your child have any particular fears? \_\_\_\_\_
9. Do you consider your child shy or outgoing in a new environment? \_\_\_\_\_
10. About what things does your child express the most curiosity? \_\_\_\_\_
11. List the names and ages of other children in your family: \_\_\_\_\_  
\_\_\_\_\_

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

13. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?

Yes\_\_\_\_ No\_\_\_\_ If so, does your child have a special name for it? \_\_\_\_\_

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

15. What language is spoken in your home? Primary \_\_\_\_\_ Secondary \_\_\_\_\_

16. Authorized persons to pick up your child:

1.

Relationship: \_\_\_\_\_

2.

Relationship: \_\_\_\_\_

3.

Relationship: \_\_\_\_\_

Additional notes or comments:

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Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_