



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:

Parents signature: _____

Date: _____