



## Suite 200 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 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 effect on your child while in our care. Thank you for your cooperation.

1. Does your child have allergies to foods? Yes \_\_\_\_ No \_\_\_\_

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

2. Can your child have juice? Yes \_\_\_\_ No \_\_\_\_

3. Does your child have any allergies to anything other than food? Yes \_\_\_\_ No \_\_\_\_

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

4. Will you be providing any additional meals or snacks for your child? Yes \_\_\_\_ No \_\_\_\_

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

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

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

6. Has your child been introduced to sign language? Yes \_\_\_\_ No \_\_\_\_

7. Has your child had previous preschool experiences? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

9. What does your child most enjoy doing?

\_\_\_\_\_  
\_\_\_\_\_

10. Does your child have any particular fears?

\_\_\_\_\_

11. Do you consider your child shy or outgoing in a new environment? \_\_\_\_\_

12. Does your child play with other children outside of school? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

16. Does your child have a pet? If so, what kind? Name: \_\_\_\_\_

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

18. What is the marital status of the child's parents? (M) \_\_\_\_ (S) \_\_\_\_ (D) \_\_\_\_ (W) \_\_\_\_ (O) \_\_\_\_

19. Who else besides the immediate family resides in the home? \_\_\_\_\_

20. Does anyone else care for your children? (ex: grandparents, neighbors, etc.) Yes \_\_\_\_ No \_\_\_\_

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

22. Does your child need their own baby wipes? Yes \_\_\_\_ No \_\_\_\_

23. Has your child been introduced to the toilet? Yes \_\_\_\_ No \_\_\_\_

If so, is there a fear of sitting on the toilet? Yes \_\_\_\_ No \_\_\_\_

Authorized persons to pick up your child:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional notes or comments:

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Parent Signature: \_\_\_\_\_

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