



Suite 250/300 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. Does your child have any allergies to anything other than food? 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 been introduced to sign language? Yes ____ No ____

6. Has your child had previous preschool experiences? Yes ____ No ____

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

8. What does your child most enjoy doing?

9. Does your child have any particular fears? _____

10. Do you consider your child shy or outgoing in a new environment? _____

11. Does your child play with other children outside of school? Yes ____ No ____

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

13. Does your child have a nickname? _____

14. Does your child recognize his/her name? Yes ____ No ____

15. What words are spoken in your home for toileting? _____

16. Does your child have any fear of the toilet? Explain: _____

17. Does your child wear a diaper/pull-up Nap time?____ Night time?____ Outings?____

18 Does your child take a nap? Yes ____ No ____ How long? _____

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

20. How many hours of sleep does your child usually receive at night? _____

21. Can your child feed themselves? Yes ____ No ____

22. Do you have any special interest or hobbies you would like to share with your child? _____

23. Are you available to help us with holiday parties and classroom activities? Yes ____ No ____

24. What is the marital status of the child's parents? (M) ____ (S) ____ (D) ____ (W) ____ (O) ____

25. Who else besides the immediate family resides in the home? _____

26. Does anyone else care for your children? (ex: grandparents, neighbors, etc.) Yes ____ No ____

27. What language is spoken in your home? Primary _____ Secondary _____

Authorized persons to pick up your child:

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Additional notes or comments:

Parent Signature: _____

Date: _____