



## Suite 450 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 notes 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 addition meals or snacks for your child? Yes \_\_\_\_ No \_\_\_\_

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

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

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

5. What would you like most for your child to experience with us? \_\_\_\_\_

6. What does your child most enjoy playing with? \_\_\_\_\_

7. Does your child have any particular fears? \_\_\_\_\_

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

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

10. List the names and ages of other children in your family? \_\_\_\_\_

11. Do you have any concerns with your child's speech? Yes \_\_\_\_ No \_\_\_\_

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

13. Does your child have a nickname? \_\_\_\_\_

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

15. Does your child serve/feed themselves? Yes \_\_\_\_ No \_\_\_\_

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

17. How does your child hold crayons/pencils? \_\_\_\_\_

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

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

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

23. 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:

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

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