



Pre-Kindergarten 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. How would you best describe your child's eating habits? _____

17. Are you available to help us with: ___Field Trips? ___Class Parties? ___Other special events?

18. Child's name as it will be written in public school: _____

19. Do you have any resources/materials/information/training to help teachers facilitate and meet the needs of your child's development? Yes _____ No _____

Explain: _____

20. To better prepare your child for public school, it is required that they know the following:

Child's legal name: _____ Father's name: _____

Mother's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Primary Ph#: _____

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

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

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

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

25. What language is your child most fluent? _____

Authorized persons to pick up your child:

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Additional notes or comments:

Parent Signature: _____

Date: _____