

Child Profile

Child Name:		Birth Date:	//	·
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This profile will stay with your child. 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 affect on your child while in our care. Thank you for your cooperation.

- 1. Has your child had previous preschool experiences: Yes ____ No _____ Explain:
- 2. What would you like most for your child to experience with us?
- 3. What does your child most enjoy doing?
- 4. Does your child have any fears?
- 5. Do you consider your child shy or outgoing?



6. What are your child's favorite toys?

7. About what things does your child express the most curiosity?

8.	Does your child play with other children? Yes No	
9.	List the names and ages of other children in your family.	
10.	What words are spoken in your home for toileting?	
11.	Does your child take a nap? Yes NoHow long?	
12.	Does your child need a favorite item (such as a blanket or stuffed animal) for a nap? Yes No	
13.	How many hours of sleep does your child usually receive at night?	
14.	Does your child have allergies? Yes No Explain:	
15.	Does your child have any special medical or physical needs? Yes No Explain:	

16. Do you have a special interest or hobby you would like to share with the children?



- 17. Are you available to help us with field trips or other special events? Yes _____ No _____
- 17. Does anyone else care for your children? Yes ____ No ____ (Grandparents, Neighbors, etc.) Who?

18. What language is spoken in your home?

19. Authorized persons to pick up your child:

1	Relationship
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3	Relationship	

2. _____ Relationship _____

Parents Signature:	Date:
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Additional Notes: