



Child Profile

Child's Full Name: _____ Date of Birth: ___/___/___

Parent/Guardian's Name: _____
(Please Print)

This profile will help your child's teacher get to know your child better. The more the teacher understands your child's personality and family dynamics, the more she/he will be able to meet your child's needs. Your input will also help with your child's adjustment to the new classroom.

1. List any nicknames your child may have. _____

2. Has your child had previous group care experiences? Yes _____ No _____

Explain: _____

3. What would you like most for your child to experience with Kids 'R' Kids?

4. What does your child most enjoy doing? What toys they like best? _____

5. Does your child have any fears? _____

6. Do you consider your child shy or outgoing? _____

7. What are your child's favorite toys? _____

8. List the names and ages of siblings. _____

9. Do you have pets at home? Yes No If yes, please list type of pet and name.

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

11. Does your child take a nap? Yes No How long? _____



12. Does your child need a favorite item (such as a blanket or stuffed animal) for naptime? Yes No If yes, please describe: _____

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

14. What language(s) is/are spoken in your home? _____

15. Does your child have any allergies? _____

16. Does your child have any other special dietary needs besides food-related allergies? (i.e., no pork, no beef, vegetarian, etc.)

17. Does your child have any special medical or physical needs? Yes ___ No ___
Explain: _____

18. Are you available to help us with field trips or special events? Yes ___ No ___

19. What is the marital status of the child's parents? _____

20. Who, besides the immediate family, resides in the home? _____

Parent/Guardian Signature

____/____/____
Date