



Child Profile

Child Name: _____ **Birth Date:** ___/___/___

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 or show the most curiosity?

4. Does your child have any fears? _____

5. Would you consider your child shy or outgoing? _____

6. Does your child play well with other children? _____

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

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

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

10. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?

Yes ___ No ___ Explain: _____



11. How many hours of sleep does your child usually receive at night? _____
12. Does your child have allergies? Yes ____ No ____ Explain: _____

13. Does your child have any eating habits / rituals that are specific to your culture? _____

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

15. Do you have any special interests or hobbies you would like to share with the children?

16. What language(s) is spoken in your home? _____
17. Do you and your child participate in an organized religion?
Explain: _____
18. Does Anyone else care for your children (Grandparents, Neighbors, etc.)?
Yes _____ No _____ If yes, who? _____
19. Authorized persons to pick up your child:
1. _____ Relationship _____
 2. _____ Relationship _____
 3. _____ Relationship _____

Parents Signature: _____ Date: _____