

Distribution

- Child's File
- Classroom Log

Child Profile

Child's	Full Name:	Date of Birth:/
Parent	/Guardian's Name:	(Please Print)
This posterior the teams t	rofile will help your child's teacher get to acher understands your child's personali will be able to meet your child's needs. hild's adjustment to the new classroom.	know your child better. The more ty and family dynamics, the more. Your input will also help with
1.	List any nicknames your child may hav	e
2.	Has your child had previous group care	e experiences? Yes 🗆 No 🗆
3.	What would you like most for your child	d to experience with Kids 'R' Kids?
4.	List activities your child enjoys.	
5.	Does your child have any fears?	
6.	Do you consider your child shy or outgo	ping?
7.	What are your child's favorite toys?	



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8.	List the names and ages of siblings.		
9.	Do you have pets at home? Yes \square No \square 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 spoken in your home?		
15.	es your child have any allergies, or special medical or physical needs?		
	Parent/Guardian Signature Date		