



DATE _____

CHILD PROFILE

Child's Name: _____ **Age:** _____

Because you know your child better than anyone else in the world and have observed your child on a day-to-day basis, you are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN:

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

5. Who also cares for your child(ren)?

6. What language is spoken in your home?

7. Does your child have any medical conditions or physical limitations? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best?

10. Least?

11. What are your child's mealtime routines at home?

12. What is your child's Bathroom Competency? (Please check one) ___ In Diapers ___In Training ___Trained (ask to go potty)

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

14. Does your child need to be awakened in the morning to attend the school?

15. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

16. What are your child's bedtime rituals? _____

17. Does your child take naps? Yes _____ No _____ If yes, How long _____

18. Does your child need a favorite item (such as a blanket) for a nap? Yes _____ No _____

If so, does your child have a special name for it? _____

19. What words are spoken in your house for toileting? _____

20. How does your child express anger or react to frustration? _____

21. Does your child have any particular fears? _____

22. How does your child react to change (such as being left by parents)? _____

23. How does your child comfort himself/herself? _____

24. What are your child's play interest (preference for creative, dramatic or construction play)? _____

25. How to you discipline your child? _____

26. When did your child begin to use language? _____

27. How would you describe your child? (personality / characteristics) _____

28. What do you enjoy most about your child? _____

29. Is there anything else that you would like to share about your child so that we can better meet your child's needs? _____

30. Has your child had previous preschool experience? Yes _____ No _____

Please remember that even small children have strong feelings concerning changes or tragedies that impact their lives such as death, relocation, change in home environment, medications, etc. Please encourage your child to share their feelings with your child's teacher so that we can assist where needed.

Parent / Guardian Signature

Date