



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? _____

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.



Milestones

School of Achievement

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 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 ___

18. Does anyone else care for your children? Yes ___ No ___ (Grandparents, Neighbors, etc.) Who?

19. What language is spoken in your home? _____

Authorized persons to pick up your child:

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Parents Signature: _____ Date: _____