

CHILD PROFILE

We like to provide the staff with a good understanding of your child. Please fill out the information below so we may better meet your child's individual needs.

FAMILY AND SOCIAL HISTORY

Child's Name: _____ Date of Birth: _____

Mother's Name: (or Guardian) _____

Father's Name: (or Guardian) _____

Marital Status of Parents:

____ Married ____ Divorced ____ Separated ____ Single Parent

Custody/Visiting Arrangements:

Brothers and Sisters of Child:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other Members of Household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

NAPPING

Does your child nap easily?

Does your child have a special toy or blanket to sleep with?

Does your child use a Nuk/Pacifier?

SOCIAL RELATIONSHIPS

Is this your child's first childcare experience?

If no, what program did they attend prior?

Reason for leaving?

How much interaction has your child had with children his/her own age?

What makes your child angry or upset?

How does your child show his or her feelings?

Use five words to describe your child: (i.e.: Loud/quiet/serious/affectionate/etc.)

Is your child frightened by such things as: Animals, rough children, loud noises, the dark, storms?

Favorite toys and activities at home:

Does your child like to be read to?

EATING

Is your child usually hungry at meal time?

Does your child sit easily at the table to eat?

What are some of your child's favorite foods? Least Favorite?

Does your child eat with a spoon? Hands?

Are there any diet restrictions we should know about?

Any allergies?

TOILET HABITS

Does your child indicate his/her toilet wishes?

Does your child need help with toileting?

Does your child have accidents?

How does your child react to an accident?