



# CHILD PROFILE

## 1's and 2's

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

The name they like to be called \_\_\_\_\_

Family Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Email \_\_\_\_\_

My child will normally attend (circle any/all): M T W Th F

Our normal arrival time \_\_\_\_\_ Normal departure time \_\_\_\_\_

The adults living in our home:	NAME	RELATIONSHIP
	_____	_____
	_____	_____
	_____	_____

Other children in our home:	NAME	AGE	RELATIONSHIP
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

What schools/district do the siblings attend? \_\_\_\_\_

Any pets? \_\_\_\_\_

Do you have a home church? If so, where? \_\_\_\_\_

### HEALTH & DEVELOPMENT HISTORY

Is there anything in your child's medical/developmental history of which teachers should be aware?  
(ie Premature/difficult birth, walking or talking earlier/later than typical, frequent ear infections/illnesses, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns you would like us to watch for and would want our feedback on as we get to know your child?  
\_\_\_\_\_  
\_\_\_\_\_

Would a phone call from your teacher be helpful to discuss this? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have allergies (foods, medicines, etc...)? \_\_\_\_\_

Does your child currently or have they in the past received therapy services (such as Speech, Physical, Occupational, etc...)? \_\_\_\_\_

If currently receiving services, would any of these need to take place at preschool?  
Who is your provider? \_\_\_\_\_  
\_\_\_\_\_



## PLAY EXPERIENCES

What previous group experiences has your child participated in?

What are your child's favorite play activities?

Does your child have any unusual fears?

Does your child normally nap? On what schedule?

Does your child sleep with a favorite toy?

Any "security" items (blanket, doll, etc...)?

How do they typically relate to other children?

How do they typically relate to other adults?

Are they left or right-handed (or which hand do they favor thus far)?

## TOILETING

On a regular basis, my child wears: \_\_\_\_\_ a Diaper      \_\_\_\_\_ Pull-Ups      \_\_\_\_\_ Underpants

Where is your child with potty training?

\_\_\_\_\_ Not started      \_\_\_\_\_ Not interested      \_\_\_\_\_ Halfway there      \_\_\_\_\_ Fully trained

If currently potty training, my child...

\_\_\_\_\_ Goes when I send them

\_\_\_\_\_ Self-initiates *sometimes*

\_\_\_\_\_ Knows when they needs to go and heads to the restroom on their own

## AS YOU GET STARTED

How do you think your child feels about starting school?

As parents, do you have any concerns? Would you want the teacher to call you to discuss any special needs or information you think might be helpful?

**We are looking forward to a wonderful year with your child!**

