

CHILD'S PROFILE

In order for our staff to better understand your child, we ask that you take time to fill in the requested information accurately. Please print legibly.

Date _____

Birthdate: Month _____ Day _____ Year _____

Child's legal name: Last _____ First _____

Name to be used at Preschool _____

Home Address _____

Mother's Name _____ Home Phone _____

Home Address _____

Mother's current occupation _____

Employer _____ Phone _____

Employer's Address _____

Father's Name _____ Home Phone _____

Home Address _____

Father's Current Occupation _____

Employer _____ Phone _____

Employer's Address _____

Who lives in child's home? _____

Full names & ages of brothers & sisters _____

How does the child relate to the brothers & sisters? _____

Is your child frightened by any of the following? animals_____

the dark_____loud noises_____storms_____

Type of birth: Normal_____Premature_____

Any Complications?_____

Any medical problems or related concerns that we should be aware of?_____

Has the child had any serious illnesses or accidents?_____

List all medications routinely takes:_____

Has your child had the chicken pox?_____

Does the child have many colds?_____How many last year_____

Any known allergies?_____Please list_____

List all food allergies (be specific)_____

Does the child have any eating problems?_____

Primary language spoken in the home_____

What language(s) does your child speak?_____

Age when your child began talking_____

Does the child speak in words?_____Sentences?_____

Special words your child uses to describe needs:_____