



Children's Center

CHILD PROFILE

Child's Name: _____ Date of Birth _____

- 1) Does your child go by a nickname? (ex. Alexander/Alex): _____
- 2) Does your child have any allergies or special medical needs? _____
- 3) Is there another language besides English that is spoken at home? _____
- 4) Tell us a little about your family's culture: _____
- 5) What words are used for toileting? _____
- 6) Does your child have siblings? _____
- 7) Is there anyone else special to your child living in your household? _____
- 8) How well are your child's eating habits?

- 9) Does your child have a favorite nap item? _____
- 10) Does your child have any fears? _____
- 11) Can your child have milk and juice? _____
- 12) Has your child had any previous preschool experience?

- 13) How do you discipline your child? _____
- 14) What else should we know about your child or family? Is there anything unique?

For Toddlers and Twos:

- Does your child take a pacifier or bottle? _____
- List any special diapering instructions: (wipes, powder, desitin etc.) _____

Parent Signature: _____

Date: _____