



# Family Profile Update

Please complete this form in its entirety.

**FOR OFFICE USE ONLY**

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  
 Name/Nickname to Call Child \_\_\_\_\_ Name you would like on coat hook/mailbox \_\_\_\_\_  
 Child's Class \_\_\_\_\_ Days of Week \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Who should we contact in an emergency? Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Who has legal custody of child? \_\_\_\_\_ Any restrictions? \_\_\_\_\_

## YOUR FAMILY

Parents' Marital Status/Date:  Single  Married \_\_\_\_\_  Widowed \_\_\_\_\_  Separated \_\_\_\_\_  Divorced \_\_\_\_\_

**PARENT/GUARDIAN #1:** Name \_\_\_\_\_

Occupation \_\_\_\_\_

Would you be willing to share your occupation with your child's class during Community Helpers Month? \_\_\_\_\_

Health Problems? \_\_\_\_\_

Address if different than above \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Days/Hours: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Do you travel for business? If yes, how often? \_\_\_\_\_

**PARENT/GUARDIAN #2:** Name \_\_\_\_\_

Occupation \_\_\_\_\_

Would you be willing to share your occupation with your child's class during Community Helpers Month? \_\_\_\_\_

Health Problems? \_\_\_\_\_

Address if different than above \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Days/Hours: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Do you travel for business? If yes, how often? \_\_\_\_\_

Other children in Family:

Name	Date of Birth	Resides With	Health	School/Grade	Gender
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F

What cultural holidays does your family celebrate? \_\_\_\_\_

Would you be willing to share these holidays with your child's class? \_\_\_\_\_

Are there other adult(s) living in home? \_\_\_\_\_ Relationship? \_\_\_\_\_

Type of family pet(s)/Name(s) \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

Is there a caregiver other than parent/guardian?  Yes  No Relationship? \_\_\_\_\_

Does caregiver live in child's home? If yes, how long has caregiver been with family? \_\_\_\_\_

What activities does caregiver do with child? \_\_\_\_\_

Has your child been left with a sitter? If yes, how often? \_\_\_\_\_

Child's reaction? \_\_\_\_\_

Have there been any recent family changes?

Move to new home \_\_\_\_\_ Change in caregiver \_\_\_\_\_

New job \_\_\_\_\_ Death in family \_\_\_\_\_

New hours at work \_\_\_\_\_ Loss of pet \_\_\_\_\_

New baby \_\_\_\_\_ Other loss \_\_\_\_\_

Serious illness \_\_\_\_\_ Other \_\_\_\_\_

What was child told about change(s) in family? \_\_\_\_\_

How did s/he react? \_\_\_\_\_

## GENERAL HEALTH/MEDICAL INFORMATION

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Were or are there any physical or medical factors of which we should be aware?

Allergies \_\_\_\_\_

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Ear infections? How often? \_\_\_\_\_ Fluid?  Yes  No

Coordination \_\_\_\_\_

Constipation \_\_\_\_\_

Diarrhea \_\_\_\_\_

Other \_\_\_\_\_

Does your child use adaptive equipment, medical or health equipment (tubes, glasses)? If yes, please describe

\_\_\_\_\_

Does your child take medication regularly? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Are there special instructions for this medication? \_\_\_\_\_

\_\_\_\_\_

Has your child ever experienced:

Serious illness \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_

Hospitalization \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_

Surgery \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_

Accident(s) \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_

Injuries \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_

## SLEEPING

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Does your child:

Go to sleep with difficulty? If yes, how do you handle it? \_\_\_\_\_  
\_\_\_\_\_

Use a bottle \_\_\_\_\_

Use a pacifier \_\_\_\_\_

Suck thumb \_\_\_\_\_

Sleep in a crib \_\_\_\_\_

Sleep in a bed \_\_\_\_\_

Sleep alone \_\_\_\_\_

Sleep with a toy \_\_\_\_\_

Sleep with a blanket \_\_\_\_\_

Have nighttime rituals \_\_\_\_\_

Have nighttime fears \_\_\_\_\_

What time does your child usually go to bed? \_\_\_\_\_

What time does s/he usually wake up? \_\_\_\_\_

Does your child nap? If yes, what time/how long? \_\_\_\_\_

Any other information about sleeping? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEVELOPMENT

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At what age did your child start potty training? B.M. \_\_\_\_\_ Bladder \_\_\_\_\_

Method of training \_\_\_\_\_ Does s/he tell you:  Before  After

Does s/he need to be reminded to go? During the day:  Yes  No At night:  Yes  No

Does s/he mind using unfamiliar toilets?  Yes  No

If s/he has an accident, what is his/her reaction? \_\_\_\_\_  
\_\_\_\_\_

Are mealtimes:  Pleasant  Difficult Please describe \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

When does s/he get hungry? \_\_\_\_\_

How often does your child eat during the day? \_\_\_\_\_

Are there any aspects of your child's development that are of concern to you? \_\_\_\_\_  
\_\_\_\_\_

Do you feel that collaboration would be useful?  Yes  No

What particular things would you like us to work on together during the year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER

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Is there any other information that you would like to provide? \_\_\_\_\_

Are there any programs or services not provided by Little Ones that you would like us to consider? \_\_\_\_\_

## SIGNATURE

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

Thank you for completing this form!  
The information you provided will allow the staff at Little Ones to  
provide caring, individualized attention for your child.  
If you have any questions about this form, please don't hesitate to call.

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