Family Profile Form

Please complete this form in its entirety

FOR OFFICE USE ONLY
Start Date _____

Was your child in our program last year (not including You and Me)? ❍ Yes ❍ No

CHILD'S INFORMATION

Child's Name _____ Date of Birth _____ Gender ❍ Male ❍ Female

Name/Nickname to call child _____Name you would like on cubby/mailbox _____

Child's Class _____ Days of the Week _____

Home Address _____ City _____ Zip _____

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 _____

Address if different than above _____

Phone #1 _____ Phone #2 _____

Email Address_____

Occupation _____

Business Name and Address _____

Business Phone _____

Do you travel for business? _____ If yes, how often? _____

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

PARENT/GUARDIAN #2: Name _____

Address if different than above _____

Phone #1 _____ Phone #2 _____

Email Address_____

Occupation _____

Business Name and Address _____

Business Phone _____

Do you travel for business? _____ If yes, how often? _____

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

Other children in your family:

Name	Date of Birth	Resides With	Health	School/Grade	Gender
					❍ M ❍ F
					❍ M ❍ F
					❍ M ❍ F
					❍ M ❍ F

Are there other adult(s) living in your home? _____ Relationship? _____

What cultural holidays does your family celebrate? _____

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

Do you have any family pets? _____If yes, type of pet and name(s) _____

Languages spoken at home _____

Has your child been left with a sitter? ❍ Yes ❍ No If yes, how often? _____

Child's reaction? _____

Is there a regular caregiver other than parent/guardian? ❍ Yes ❍ No If yes, what is relationship?_____

Does a caregiver live in the child's home? ❍ Yes ❍ No How long has caregiver been with family? _____

What activities does the caregiver do with your child?_____

Have there been any recent family changes?

Move to new home ❍ Yes ❍ No	Change in caregiver ❍ Yes ❍ No	Loss of pet ❍ Yes ❍ No
New job ❍ Yes ❍ No	Death in family ❍ Yes ❍ No	New baby ❍ Yes ❍ No
New hours at work ❍ Yes ❍ No	Serious Illness ❍ Yes ❍ No	Other _____

What was your child told about change(s) in the family and how did your child react?

_____

_____

YOUR CHILD

How does your child handle changes in routine? _____

How does your child react in new situations? _____

Please note specific situation in which your child tends to become upset, angry, scard, withdrawn or other_____

_____

Describe how you help your child handle these situations _____

_____

How would you describe your child's temperament/personality? _____

_____

What three adjectives would you use to describe your child? _____

Describe your approach to discipline and how your child responds _____

_____

What are your child's play habits? _____

_____

How would you describe your child's play? ❍ Active ◒ Boisterous ❍ Quiet ❍ Self-Initiated

Does your child make friends with other children easily or cautiously? _____

Does your child show interest in other adults easily or cautiously? _____

How would you describe your child's attitude toward other adults? ❍ Friendly ❍ Aggressive ❍ Shy ❍ Indifferent

Does your child have playmates? ❍ Yes ❍ No If yes, how many? _____ What Gender?

_____

How does your child interact with playmates? _____

_____

If applicable, how does your child get along with their siblings? _____

What does your child enjoy doing with other members of the family? _____

_____

Does your child have any special interests or hobbies? _____

Are there any special family times and/or excursions that your child enjoys? _____

PRENATAL & POSTNATAL

Did mother have any illnesses or take medications during pregnancy? _____

Was pregnancy: ❍ Full term ❍ Premature Child's weight at birth _____ Child's length at birth

_____

Were there any complications after birth? _____

Did mother receive anesthesia or medication during delivery? _____

As a baby, was your child: ◒ Easy going ◒ Active ❍ Colicky ❍ Other

_____

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? If yes, please describe_____

_____

Does your child take medication regularly? ❍ Yes ❍ No If yes, please list (include special instructions if applicable)_____

_____

Has your child ever experienced:

Serious illness/Hospitalization ❍ Yes ❍ No Date _____ Describe _____

Surgery ❍ Yes ❍ No Date _____ Describe _____

Accident(s)/Injuries ❍ Yes ❍ No Date _____ Describe _____

CHILD EXPERIENCES

Is this your child's first preschool experience? ❍ Yes ❍ No

If no, where was previous experience? _____

How long did your child participate? Days/Week _____ Hours/Day _____

How did your child do in this program? _____

Why did this experience end? _____

Were there any other group experiences that your child has participated in? _____

_____

Will your child participate in other programs (classes or camps for example) this year? ❍ Yes ❍ No

If yes, which ones?_____ With or without an adult? _____

Does your child know other children who are attending Little Ones Preschool? ❍ Yes ❍ No

If yes, please list name(s) _____

What experience would you like your child to have in preschool this year? _____

_____

SLEEPING

What time does your child usually go to bed? _____

What time does your child usually wake up? _____

Does your child nap? ❍ Yes ❍ No If yes, what time and for how long? _____

Go to sleep with difficulty? ❍ Yes ❍ No If yes, how do you handle it?

_____

_____

Does your child:

Use a bottle? ❍ Yes ❍ No

Use a pacifier? ❍ Yes ❍ No

Suck thumb? ❍ Yes ❍ No

Sleep in a crib? ❍ Yes ❍ No

Sleep in a bed? ❍ Yes ❍ No

Sleep alone? ❍ Yes ❍ No

Sleep with a toy? ❍ Yes ❍ No

Sleep with a blanket? ❍ Yes ❍ No

Have nighttime rituals? ❍ Yes ❍ No

Have nighttime fears? ❍ Yes ❍ No

Any other information about sleeping? _____

DEVELOPMENT

At what age did your child: Crawl _____ Walk _____ Point _____

Babble _____ Use single words _____ Use phrases _____

What were your child's first words? _____

What were your child's first phrases? _____

At what age did your child start potty training? Bladder _____ Bowel Movement _____

What method of training did you use? _____

When does your child tell you they need to use the bathroom ◓ Before they need to go ❍ After they have already gone

Does your child need to be reminded to go? During the day? ◓ Yes ❍ No At night? ❍ Yes ❍ No

Does your child mind using unfamiliar toilets? ❍ Yes ❍ No

If your child has an accident, what is their reaction? _____

Are meal times: ❍ Pleasant ❍ Difficult Please describe _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

When does your child 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

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

Are there any outside services, therapies, or supports that your child is receiving that you would like to share with us? _____

SIGNATURE

Signature of parent or guardian _____ Date _____

Thank you for completing this form.
The information you provided will help the staff at Little Ones Preschool to provide caring, individualized attention to you child.

If you have any questions about this form, please contact us.

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