



# Child Profile

*Introduce us to your child!*

4s and  
Kindergarten

DATE: \_\_\_\_\_ Assigned Class: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Name to be used in class: \_\_\_\_\_  
Siblings (names and ages): \_\_\_\_\_

## SOCIAL

Child's previous school/day care experience (where, number of years): \_\_\_\_\_  
\_\_\_\_\_

What opportunities does your child have to play with others the same age: \_\_\_\_\_  
\_\_\_\_\_

What strategies of discipline are used with your child? \_\_\_\_\_  
\_\_\_\_\_

Has your child experienced any recent stresses (i.e., new sibling, leaving home, death of relative or friend, separation or divorce, move to a new home, new pet or death of pet): \_\_\_\_\_  
\_\_\_\_\_

If so, how has the child reacted to this stress? \_\_\_\_\_  
\_\_\_\_\_

What methods have you used to soothe him or her? \_\_\_\_\_  
\_\_\_\_\_

## HEALTH

### *Eating Patterns:*

- Are there any dietary concerns/dislikes? \_\_\_\_\_
- Are there any food allergies? \_\_\_\_\_

### *Sleeping Patterns:*

- Bedtime is at: \_\_\_\_\_ Arise at: \_\_\_\_\_
- Naptime: \_\_\_\_\_ How long? \_\_\_\_\_

### *Health Patterns:*

- List any allergy alerts \_\_\_\_\_
- List any regular medications, intervals \_\_\_\_\_
- List any special needs or outside support services that s/he receives (i.e. speech therapy, occupational therapy, physical therapy). Identify type of service, frequency and provider  
\_\_\_\_\_  
\_\_\_\_\_

**Personality Traits: (Circle all that apply)**

Shy/Reserved

Restless

Outgoing/curious

Standoffish/observer

Sensitive/frightens easily

Demonstrative

Cuddly

Active

Cautious

Warms slowly to new people, situations

Please list any concerns you may have about your child's development (i.e., social skills, gross motor or fine motor skills, language, cognitive) \_\_\_\_\_

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Is there any other information we should know in order to help us get to know your child better?

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Please indicate what you hope (your goal) your child will gain from his or her preschool experience this year: \_\_\_\_\_

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Parent/Guardian completing form