

Early Childhood Confidential Child Profile

The following information remains confidential between the parent and the school. This document will be returned to the family upon request or destroyed when the family leaves the school. Only information provided in required school enrollment forms will be entered into a database.

Please fill in as completely as possible. Thank You!

Date _____

Child's Name _____ Sex m f Birth Date _____

Parent Names _____

Child lives with _____

Birth Information

Complications during or developmental problems noted at birth _____

If the child was adopted, provide as much information above as is known.

Age at adoption _____ Country of adoption _____

Environmental or developmental challenges for child prior to adoption? _____

Developmental

Child rolled over at (months) _____ Sat alone _____ Crawled _____ Walked _____

Spoke first words at _____ Spoke in sentences _____

Are there any speech problems or challenges? Please explain, including services the child may receive.

History of illness: Has child had recurring colds, ear infections or illness that required treatment?

Pacifier use _____ or thumb sucking _____ Current practice _____

When does child usually practice? _____ If no longer practiced, when did child discontinue? _____

Toileting:

Is child wearing any type of diapers or pull-ups? _____ If toilets independently, how much assistance is currently required? _____ If no help, age child accomplished? _____

Daily Routines

Sleep routine:

Naps regularly? Y N Length _____

Sleeps # of hours per night _____ Time of bed _____ Time wakes _____

Does child wake self? Y N Does child calm self when going to sleep or waking? Y N

Describe nap and/or bedtime routine:

Eating routine and habits:

Describe child's eating habits:

What are typical meal times: breakfast _____ lunch _____ dinner _____ typical snack times _____

Does child eat with family at any of the meals? Y N Which ones? _____

Identify food allergies _____

Food groups child prefers _____ dislikes _____

Dressing:

Does child dress self? Y N How much help is required? _____

Does child select own clothes? Y N

Family Life

Siblings (age/sex) if any _____

Does child play or entertain self comfortably for periods of time (explain)?

Describe T.V., Computer, Video/DVD or other types of entertainment used (include types of programs, length of time typically viewed, and time of day typically viewed).

Pets in the house and child's relationship with the pets _____

Describe child's play routines (with parents, with similar age friends/relatives, with other relatives, types of play inside and outside, games/toys preferred).

Does child like to have books read? Y N Who usually reads to child? _____

Typical schedule for reading _____

Does child have other regular activities or lessons (such as music, dance, church, etc)? Y N

Please describe. _____

Does child have any responsibilities for self care or in the home? Please describe.

Personal Characteristics

How does child express frustration or anger?

Does child separate comfortably from parents? Y N (at church, with relatives, with babysitters)

Please explain.

Does child have tantrums? Please explain and describe.

How is child best comforted when upset, angry, frustrated or afraid?

How would you describe your child's personality?

Describe your child's special interest and likes.

Is there anything else that would help us to know your child better?

Person completing this form:

_____ Date: _____