

Enrollment Registration Information

CHILD PROFILE

Child's Name _____ Age _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like your child to experience with us? _____

2. What does your child enjoy doing the most? _____

3. What are your child's favorite toys? _____

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

5. Who also cares for your child(ren)? _____

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain. _____

8. Does your child have any allergies? Explain. _____

9. What are the foods your child likes best? _____

Least? _____

10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night? _____

12. Does your child need to be awakened in the morning to attend the school? _____

13. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

14. What are your child's bedtime rituals? _____

15. Does your child take naps? Yes No How long? _____

16. Does your child need a favorite item (such as a blanket) for a nap? Yes No

If so, does your child have a special name for it? _____

17. What words are spoken in your house for toileting? _____

18. How does your child express anger or react to frustration? _____

19. Does your child have any particular fears? _____

20. How does your child react to change (such as being left by parents)? _____

21. How does your child comfort himself/herself? _____

22. What are your child's play interests? (preference for creative, dramatic, or construction play?) _____

23. How do you discipline your child? _____

24. When did your child begin to use language? _____

25. How would you describe your child (personality characteristics)? _____

26. What do you enjoy most about your child? _____

27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs? _____

28. Has your child has previous preschool experiences? _____

29. Do you have a special interest or hobby you would like to share with the children? _____

31. What family or cultural traditions are important for your home? _____

Would you be willing to share these traditions with the children? _____

SIGNATURE: _____ **DATE:** _____