

## Child Profile

*Dear Parents, Please complete the following information. The information you provide will be shared with your child's teacher in an effort to assist in meeting the individual needs of your child and make their experience at Crème de la Crème a positive one. Thank you in advance for your time and effort.*

### Parent Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

### Child Information

Male                  Female

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Nickname (name you would like us to use at Crème): \_\_\_\_\_

What are your child's favorite activities/hobbies? \_\_\_\_\_

\_\_\_\_\_

How often does your child sleep during the day and for how long? \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will learn and/or accomplish this year? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears we need to be aware of?                  Yes                  No

If yes, please describe what they are and how they are dealt with: \_\_\_\_\_

\_\_\_\_\_

Is your child attached to any object for security purposes?                  Yes                  No

If yes, please describe object and when it is used: \_\_\_\_\_

\_\_\_\_\_

When your child is upset what calms or soothes him/her? \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies?                  Yes                  No

Food: \_\_\_\_\_                  Skin: \_\_\_\_\_

Other: \_\_\_\_\_                  Other: \_\_\_\_\_

If yes, please describe how it is managed: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs we should be aware of? Yes No

If yes, please describe in detail: \_\_\_\_\_

Is your child fully potty trained? Yes No

Does your child need to be reminded to use the restroom? Yes No

If yes, please describe the routine, methods and/or words used at home: \_\_\_\_\_

My child wears: Diapers Pull-ups Underwear

**Social Information**

What language(s) is spoken at home? \_\_\_\_\_

Does your family celebrate any special holidays or ethnic practices in your home that you would like us to know about? \_\_\_\_\_

Is this your child's first separation from home? Yes No

Has your child had any kind of group experiences before? Yes No

If yes, please describe where enrolled: \_\_\_\_\_

Who does your child see on a regular basis? \_\_\_\_\_

Has your child experienced any family related traumatic events since birth? Yes No

If yes, please describe how your child was affected: \_\_\_\_\_

Other helpful information: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_