



Child's t-shirt size:

Little Learners
 Early Childhood Center
Making Memories, Marking Milestones

Child Profile

Child's Full Name:		Nicknames: (Name that you would like your child to be called at school)	
Sex: []M []F	Age:	Date of Birth:	
Address:			
City:	State:	Zip Code:	
Mother's Full Name:		Phone:	Cell Phone:
Address: (If different from above)			
City:	State:	Zip Code:	
Mother's Place of Employment:		Occupation:	
Employer's Address:		Work Phone:	
Father's Full Name:		Phone:	Cell Phone:
Address: (If different from above)			
City:	State:	Zip Code:	
Father's Place of Employment:		Occupation:	
Employer's Address:		Work Phone:	
Names of Siblings:		Ages of Siblings:	

Does anyone else care for your child on a regular basis? If yes, who and relation?	
Parent/Guardian with legal custody:	Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Primary Care Physician:	
Address:	Phone:
Hospital Preference:	Health Insurance Provider:
Subscriber Name:	Policy #:
How would you describe your child's overall health?	
Diseases or serious injuries?	
Disabilities?	
Food Allergies:	Medicine Allergies:
Other Allergies:	Frequent Ear Infections? Frequent Colds?
Regular Medications:	
How does your child behave when sick?	
Previous Child Care Providers and Experience:	
Emergency Contacts	
Name:	Phone:
Name:	Phone:
Back-up Child Care Provider	
Name:	Phone:
Name:	Phone:

Playing

Does your child enjoy playing alone?

Does your child prefer playing with older, younger, or children of the same age?(circle)

How does your child get along with other children?

Where does your child prefer to play? Indoors Outdoors

Does your child have any fears?

What are some things that make your child angry?

How do you comfort your child?

What are some activities your child likes?

What are some activities your child dislikes?

What are your child's favorite books?

What are your child's favorite toys?

What form of discipline is most often used at home?

Eating Behaviors

Drinks from a cup Cup w/lid Bottle Uses spoon Uses fork

What are your child's eating habits at home?

What are some of your child's favorite foods?

What are some of the foods your child dislikes?

Sleeping Behaviors

Does your child sleep through the night? Yes No

Does your child take a morning nap? Yes No Afternoon nap? Yes No

How long does your child nap? Morning _____ Afternoon _____
(Please include approximate times)

Does your child have anything special to sleep with?

What is your child's usual mood upon awakening?

