

Child Profile Form

Child's Name _____ DOB _____ 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 most for your child to experience with us? _____

- 2 What language is spoken in your home? (Is more than one language spoken in the home?) _____

- 3 What are your child's strengths or interests? _____

- 4 Does your child have any particular fears? _____

- 5 Are there any concerns that you have in regards to your child's development? _____

- 6 Describe your child's morning and nighttime routine, including bedtimes. _____

- 7 Does your child take naps? Yes No If so, for how long? _____

- 8 Does your child need a comfort item for a nap? Yes No
- 9 Has your child ever been in a group care setting before? If so, please describe the previous experience. _____

- 10 Has your child ever been asked to leave a previous school or experienced discipline problems? Yes No

Please check the appropriate boxes to describe your child's current social and emotional development. (This list is for informational purposes only, answers will not delay the enrollment process.)

Social and Emotional Development	Not Yet	With Support	Most of the Time	Always
Able to identify emotions in self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to identify emotions in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates affection and empathy towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrain from aggressive behaviors towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to self soothe when upset or overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits impulse control (e.g., uses appropriate words to show anger when a toy is taken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to resolve conflict with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in being a part of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to easily transition from one place to another? (e.g, being dropped off at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peers during play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Signature

Date

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