

CHILD PROFILE FORM

Please take a moment to this form with some additional details about your child. Your child is special and unique. We would like to and out more about your child's needs, likes, and dislikes, habits, routines and any other information you feel is important or relevant.

Child's name: _____ Nick name: _____

Names and ages of siblings: _____ Schools attended by siblings: _____

Other people involved in caring for your child (eg. nanny, grandparents, relatives, etc.)

Has your child attended nursery before? Yes No If yes, please state which nursery and for how long: _____

Does your child have a special comforter? (eg. pacifier, blanket, teddy, etc.) Yes No If yes, please mention the same

Does your child have any special words, certain things (eg. milk, comforter, toilet, etc.)?

Can your child:

- | | | |
|--|-----|----|
| a. Wash his/her hands | YES | NO |
| b. Help get dressed | YES | NO |
| c. Eat independently (using hands or utensils) | YES | NO |
| d. Brush his/her teeth | YES | NO |
| e. Help put away toys | YES | NO |

What is your child's favorites:

a. Food/Drink: _____ b. Activities/games: _____

c. Toy: _____ d. Song: _____

Toilet training (ability/plans): _____

Daytime sleep pattern: _____

Is there anything in particular that your child does not like. Is there anything else that you think we should know about your child?