



Child Profile

Date Received: _____

Classroom: _____

Received by: _____

CHILD INFORMATION

First Name	Middle Name	Last Name	Nickname
Date of Birth	Gender	Child's Primary Language	Parent's Primary Language

What does your child enjoy doing most?

What are your child's favorite toys?

Is your child potty-trained?

Does your child have siblings in the household? Please list names and ages.

Does your child have any food allergies? Please list.

Is your child on a special diet?

Does your child have a comfort item for naptime?

Do you have any special concerns for your child while in our care?

Is there anything else you would like us to know about your child?