

CHILD PROFILE

DATE _____

Child's Name _____

Birthday _____

Preferred Name _____

Does your child have any allergies (food, medicines, etc...)? _____

Session (check one):

- Summer School Year

Days Attending:

- Monday Tuesday Wednesday Thursday Friday

Typical Arrival Time: _____ Typical Departure Time: _____

TOILETING

On a regular basis, my child wears:

- Diaper Pull-Ups Underwear

Where is your child with potty training?

- Not Started Not Interested Halfway There Fully Trained

If currently potty training, my child...

- Goes when I send them
 Self-initiates SOMETIMES
 Knows when they need to go and heads to the bathroom on their own

AS YOU GET STARTED

How do you think your child feels about starting school?

As parents, do you have any concerns/needs you'd like to discuss with your child's teachers?

Would you like a phone call from your child's teacher prior to school starting to discuss?

PLAY EXPERIENCES

Has your child been in a childcare/preschool facility prior to ECC? If so, where?

What previous group experiences has your child participated in?

What are your child's favorite play activities?

Does your child have any unusual fears?

Does your child normally nap? On what schedule?

Does your child sleep with a favorite toy?

Any "security" items (blanket, doll, etc...)?

How do they typically relate to other children?

How do they typically relate to other adults?

Are they left handed or right handed, or which do they prefer thus far?

HEALTH & DEVELOPMENT HISTORY

Is there anything in your child's medical/developmental history of which your teachers should be made aware?

Do you have any concerns you would like us to watch for and want our feedback on as we get to know your child?

Does your child currently or have they in the past received therapy services (such as speech, physical, occupational, etc...)? Would this therapy take place at school? If so, who is your provider?