



# Child Profile

Student Name:	Male / Female (circle one)	Date of Birth:
Parent Names:	Cell Phone:	
Email Address:		
Other significant adults (Nanny, grandparents, etc.):		
Not allowed to pick up:		

## Student Allergy History

Does your child have allergies or reactions (including intolerances) to food, medicine, insects, animals or other substances?			
NO - Skip to next section		YES - Please complete chart below	
Do you keep epinephrine (epi-pen) available at home for your child's allergy?		NO	YES
List each allergy or food separately	Briefly describe child's reaction	Potential Severe Reaction*	Doctor/Date of Diagnosis
		NO YES	
		NO YES	
		NO YES	
Please include any additional information about allergy:			

\*If the allergy has the potential to be severe, an emergency plan should be on file at the preschool – Please see Administration for Emergency Plan.

## Student Nutrition History

Does your child have any problems with chewing or swallowing?	NO	YES
*If you answered Yes, please explain:		
Is there any food or drink that your child should not eat for cultural, religious, personal or medical reasons other than allergies?		

## Student Health History

Were there any significant problems during pregnancy or birth?	NO	YES
Has your child had surgery or been hospitalized?	NO	YES
Does your child take medication on a regular basis?	NO	YES
Name of medication(s), dosage and when taken:		
Has your child had any of the following?		
Asthma	NO	YES
Other Breathing Problems	NO	YES
Seizures or other neurological problems	NO	YES
Heart or other cardiovascular problems	NO	YES
Bladder or urinary tract problems	NO	YES
Bowel or other GI problems	NO	YES
Bone or joint problems	NO	YES
Eczema or skin problems	NO	YES
Frequent ear infections or tubes	NO	YES
Other ear, nose or throat problems	NO	YES
Tuberculosis exposure	NO	YES
Diabetes	NO	YES
Injury or abuse	NO	YES
If you answered yes to any of these questions, please explain in the space below.		

*\*Please attach a copy of the doctor's immunization record for your child*

## Student Developmental

Do you have any concerns about your child's development in any of the following areas? Has your child's physician referred your child for further assessment, or do they currently receive therapy in any of the following areas? Please indicate by checking boxes below.				
Speech	Concerned	Received Dr. Referral	Receiving Therapy	No Concerns
Language	Concerned	Received Dr. Referral	Receiving Therapy	No Concerns
Vision	Concerned	Received Dr. Referral	Receiving Therapy	No Concerns
Hearing	Concerned	Received Dr. Referral	Receiving Therapy	No Concerns
Physical/Motor	Concerned	Received Dr. Referral	Receiving Therapy	No Concerns
Other_____	Concerned	Received Dr. Referral	Receiving Therapy	No Concerns
Other_____	Concerned	Received Dr. Referral	Receiving Therapy	No Concerns
Are there any development issues that you are aware of, concerned about, or currently seeking professional help for?				
If your child is receiving therapy, are there ways that you or your child's therapist would like the preschool to assist in the treatment? What are your concerns and in what ways do you want the school/teacher to accommodate your child?				

## **Student Information**

Please tell us about your family:

Please tell us about your child (their favorite toys, activities and interests, things they particularly don't like to do).

We embrace children with all learning styles and personalities. In order to help us know and understand your child, please describe his/her temperament (high energy/calm, outgoing/shy, strong-willed/agreeable, set-routine/adaptable, sensory threshold). Are there any situations that have caused him/her difficulty in the past?

Has your child previously attended preschool or childcare? If so, where and how long?

It is common during the preschool years for children to have fears, and it is very helpful for us to know about them (i.e. loud noises, dogs, use of toilet, separating from caregiver/parent, etc...)

Have there been any significant events (moves, new sibling, medical concerns, divorce, and family tragedy) in your child's life in the last year?

What special interests, projects, family celebrations, cultural traditions, access to special events/materials, ideas, etc. do you want to share with your child's class this year.

### ***Student Information – Continued***

If your child's first language is not English, please complete this section.

<b>What language is spoken in your home?</b>
<b>How long has your child been speaking English?</b>
<b>Describe your child's English language abilities:</b>

<b>What do you hope your child will gain developmentally from preschool this year in each of the following areas?</b>
<b>Social</b>
<b>Cognitive/Knowledge</b>
<b>Physical/Motor</b>
<b>Emotional/Spiritual</b>