



SAMPLE CHILD PROFILE

Child's Place of Birth:

Child's first language:

Are there other languages that the child speaks?

Does your child have any medical conditions that we should know about?

Is your child taking any medications?

Any vision, hearing, speech or nutrition problems?

Any restrictions on play or activities?

Preferences and routines:

What are your child's favorite foods?

What activities does he/she enjoy?

Does your child nap? When, and for how long?

Does your child eat with a spoon, fork or hands?

What time does your child go to sleep?

Does he/she sleep through the night?



What word does your child use for bowel movements, urination?

Special information:

Are there any siblings?

What comfort words can we use with the child?

What special names do you have for your child?

Does your child have a favorite toy?

Are there any special family situations that we should know about?

Has your child been in any type of child care before?

FOR STAFF USE ONLY
Confirmation of information

Start Date:

Date of Withdrawal:

Date the information was updated:

Record of immunization on file:

Date immunization needs to be updated: