



SAMPLE CHILD PROFILE

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?

OTHER TOPICS YOU MIGHT DISCUSS IN MORE DETAIL:

Child's place of birth
Child's first language and other languages the child speaks
Medical conditions and/or medications taken by the child
Vision, hearing, and/or speech challenges
Any food restrictions





CONFIRMATION OF INFORMATION

*** FOR STAFF USE ONLY**

Start Date: Date of Withdrawal:

Date of profile update:

Record of immunization on file:

Date immunization update needed:

