

STUDENT PROFILE

Child's Name _____

D.O.B.: _____

So that we may better understand your child, please provide us with the following information which will be kept confidential.

1. How did you hear about us?

advertising

friend/neighbor

other _____

2. Has your child had a previous child care placement in a Center?

yes

no

a. If yes, where? _____

b. What is your reason for wanting to enroll him/her at Greenforest-McCalep Christian Early Learning Center?

3. By nature, how would you describe your child?

friendly

aggressive

shy

other... please describe

4. Is (s)he the only child?

yes

no

If (s)he is the only child, does (s)he have the opportunity to play with other children his/her age?

yes

no

5. How does (s)he get along with others in the household?

a. With other adults?

very well

not so well

other...briefly describe _____

b. With other children?

very well

not so well

other... briefly describe _____

6. Do you feel that your child will adjust easily to the Center?

yes

no

not certain

7. What makes your child angry or upset, and how does (s)he show his/her feelings? Briefly describe?

What do you find is the best way to handle him/her when he/she does this?

8. Personal History: (Please complete all questions that are applicable to your child.)

a. Type of birth? normal premature complications

b. Age child began crawling _____ walking _____ talking _____

c. Does he/she speak in words? yes no

Sentences? yes no Any difficulty in speaking? yes no

d. Any serious illnesses or hospitalization? yes no

If yes, briefly describe: _____

Hospital insurance? Yes no Name of Carrier: _____

e. Any physical disabilities? yes no If yes, please describe: _____

f. Any allergies or special health problems? (asthma, hay fever, seizures, medicine, food, etc.)

Please list: _____

g. Are any medications given on a regular basis? yes no

h. Bathroom habits:

1) Is your child potty trained? yes no

2) Word used for urination? _____ Word used for bowel movement? _____
(If Applicable)

3) Does your child need help with toileting? yes no
(If Applicable)

i. Sleep habits:

1) Does he/she usually nap? yes no

If Yes, How long? _____ When? _____

9. Is there anything else that you could share with us concerning your child's physical or emotional status that you feel would help us understand and satisfy his/her needs better?
