

Student Profile  
K3 – K4

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please provide us with the following information, so that we may know your child better.

1. How did you hear about us?  
\_\_\_ advertising \_\_\_ friend/neighbor
  
2. Has your child been in a child care setting before?
  - If yes, where? \_\_\_\_\_
  - What was your reason for leaving? \_\_\_\_\_
  
3. How would you describe your child?  
\_\_\_ friendly \_\_\_ aggressive \_\_\_ shy \_\_\_ other... please describe \_\_\_\_\_
  
4. Is your child and only child? \_\_\_ yes \_\_\_ no  
If your child is an only child, does he/she have the opportunity to play with other children his/her own age? \_\_\_yes \_\_\_no
  
5. Do you feel your child will adjust well in a school setting? \_\_\_ yes \_\_\_ no
  
6. Personal History
  - Type of birth? \_\_\_ normal \_\_\_ premature \_\_\_ complications
  - Any serious illnesses or hospitalization? \_\_\_ yes \_\_\_ no  
If yes please describe \_\_\_\_\_
  - Any physical disabilities? \_\_\_yes \_\_\_no  
If yes, please describe: \_\_\_\_\_
  - Any allergies or special health problems? (Asthma, Hay Fever, Seizures, Food, etc....)  
\_\_\_\_\_
  - Is your child potty trained? \_\_\_yes \_\_\_ no

Is there anything else that you would like to share with us concerning your child's physical, or emotional health that you feel would help us understand and satisfy your child's needs better?

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