CHILD PROFILE

Purpose – The child profile is intended to help facilitate a child's transition from the home setting to The Three House Child Care Center. As parents and/or guardians, your insights into your child are critically important and guides the center staff in understanding the individual preferences of your child.

Child's Name_____ Date of Birth _/_____/_____ Today's Date _____

Schedule of care:

	Arrival/Drop Off	Departure/Pick Up
□ Monday	_____ a.m.	_____ p.m.
□ Tuesday	_____ a.m.	_____ p.m.
□ Wednesday	_____ a.m.	_____ p.m.
□ Thursday	_____ a.m.	_____ p.m.
□ Friday	_____ a.m.	_____ p.m.

What does your child like to be called? _____
What is most important to you that we know about your child? _____
_____
What language is spoken in the home? □ English □ Other _____
How does your child communicate his/her needs? _____
_____

What is your child's favorite:
Activities _____
Toys _____
Themes _____

Who are the important people in your child's life? (relationship , name) _____
_____
Is there a custody arrangement? □ Yes □ No. *If yes, please provide a copy to the center*.

What is your child's morning routine like? _____
_____
What is your child's nap routine like (time, frequency, location, sleep aides, position)? _____
_____
How do other caregivers comfort your child? _____
_____
Has your child had previous child care experience? □ Yes □ No Explain how it met, or did not meet expectations? _____
_____

Meals and Nutrition - All Children (excluding school age)

Describe your child's meal routine (seating, times, frequency, food preferences, quantities, use of dinnerware and utensils) _____

_____

What are your child's favorite foods? _____

_____

What does your child like to drink? (including infants) _____

What does your child use to drink? (including infants)_____

Are there food allergies? □ Yes □ No. *If yes, families will complete an allergy and asthma action plan*.

Infants and Toddlers (6 weeks to 18 months)

My infant/young toddler enjoys and/or uses (please check all that apply)

□ Bottles	□ Breastfeeding	□ Pacifier	□ Special blanket/animal
□ Crib	□ Rocking	□ Tummy time	□ Infant swing
□ Bouncer	□ Highchair	□ Finger foods	□ Utensils
□ Music	□ Crawling	□ Walking	□ Rolling
□ Books	□ Going outside	□ Stroller/walks	

Toileting - Toddlers and Twos (18 to 30 months)

Is your child toilet trained? □ Yes □ Urination □ Bowels □ Both □ No, my child is not potty trained.

Does your child have accidents? □ Yes □ No If yes, how often/when? _____

_____

Does your child wear diapers during the day? □ Yes □ No. When napping □ Yes □ No

What words do you use at home to communicate toileting needs? _____

_____

What is used at home for toilet training? _____

_____

Preschool Age - 3 and 4 year olds

Has your child been previously enrolled in a preschool program? □ Yes □ No. Please describe the program and your experience: _____

_____

School Age – Before and after school/summer program

What school is your child attending? _____

What method of transportation will be using to get to and from school? _____

_____

Are there food allergies? □ Yes □ No. *If yes, families will complete an allergy and asthma action plan*.

Is there additional information you feel is important for the staff to know about your child or family?
□ Yes □ No _____

_____

Does your child have any fears? □ Yes □ No If yes, please explain_____

_____

Does your child use any adaptive equipment that the center will need to be aware of or support the use of? □ Yes □ No _____

_____

Does your child have any sensory sensitivities the center should be aware of? □ Yes □ No _____

_____

List any questions you want to assure you receive answers to: _____

_____

_____

_____

Notes: _____

_____

_____

_____