



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
<input type="checkbox"/> Monday	_____ a.m.	_____ p.m.
<input type="checkbox"/> Tuesday	_____ a.m.	_____ p.m.
<input type="checkbox"/> Wednesday	_____ a.m.	_____ p.m.
<input type="checkbox"/> Thursday	_____ a.m.	_____ p.m.
<input type="checkbox"/> 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)

- | | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> Bottles | <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Pacifier | <input type="checkbox"/> Special blanket/animal |
| <input type="checkbox"/> Crib | <input type="checkbox"/> Rocking | <input type="checkbox"/> Tummy time | <input type="checkbox"/> Infant swing |
| <input type="checkbox"/> Bouncer | <input type="checkbox"/> Highchair | <input type="checkbox"/> Finger foods | <input type="checkbox"/> Utensils |
| <input type="checkbox"/> Music | <input type="checkbox"/> Crawling | <input type="checkbox"/> Walking | <input type="checkbox"/> Rolling |
| <input type="checkbox"/> Books | <input type="checkbox"/> Going outside | <input type="checkbox"/> 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: _____

