

Bright Futures Early Learning Academy, LLC.

CHILD PROFILE

Please complete the questions that apply to the age of your child.

Child's Name: _____

Today's Date: _____

Mother's Name: _____

Father's Name: _____

Child's Date of Birth: _____

Siblings and ages: _____

- Is there anything about your family you would like to share with us?

- What allergies, health problems, or disabilities does your child have?

- Is your child taking any medication(s) regularly? _____ If yes, please list:

- Does your child have an IEP or IFSP? If so, please provide a copy to us so that we can assess your child properly.

- What are your child's favorite toys?

- What does your child like to eat?

- What does your child like to do? Please list some favorite activities.

- Please list the members of your household.

- Does your child have any fears?

- How would you describe your child's temperament and personality?

- What makes your child frustrated or upset?

- What does your child do for comfort when upset or frustrated?

- Has your child attended child care or Preschool before?

- Are there any special circumstances that we should be aware of (i.e. custody agreements, special needs, etc.)

- As a parent, do you have a special talent or hobby that you would be willing to share with the children at Bright Futures Early Learning Academy, LLC.?

_____ I was offered this sheet, but chose not to provide this information to the staff.

Parent's Signature: _____ Date: _____