



CHILD PROFILE

Child's Full Name: _____ **Nickname:** _____
Date of birth: ____/____/____ **Birthplace:** _____
Age at start of school: years _____ **Date of start:** _____
Insurance company _____
My child was born in (state, city) _____
My child is adopted: YES / NO _____ **Does your child know? YES / NO** _____
Name of persons living in your household (siblings, grandparents, nannies, etc...) Please include ages for siblings.
Name _____ **Age** _____
Names of persons who care for your child (grandparent, neighbor, etc...)
Name _____ **Relationship to your child** _____
Names and species of pets: _____
What language(s) are spoken in your home? _____
The predominant language is _____
Are you comfortable speaking or reading English? _____
Is your child's speech easily understood by others (regardless of which language)? _____
What is your cultural heritage? _____
Has your child had any previous preschool or group experience? YES / NO
If so: Year _____ **Place** _____
Was it? YES / NO his experience positive for your child
Please explain why: _____
How do you discipline your child (e.g., time out, removing toy, etc.)? _____
Does your child have any known allergies? YES / NO
If YES, please note and describe each allergy (food, medications, environmental, etc.) and your child's reaction here:

Does your child have any chronic medical condition (asthma, diabetes, etc.)? YES / NO If YES, please describe:

Is your child routinely on medication? YES / NO
Name (s) of medications: _____

Has your child experienced any medical situations that we need to know about (e.g., hospitalizations, surgeries, broken bones, etc.)? YES / NO





Describe: _____

My child enjoys: _____

I find that when my child enters or encounters a new situation the transition is more comfortable for her/him if _____

Young children often have security or attachment items (blanket, special stuffed animal, etc.).

If your child is attached to such an item, please tell us about it here: _____

My child worries about or is afraid of _____

My child is frustrated or angered by _____

My child has a strong like for _____

My child has a strong dislike for _____

What else would you like us to know about your child _____

I chose Countryside School for my child because _____

If I have any questions I understand that it is my responsibility to ask them prior to signing this form.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____