



## CHILD PROFILE FORM

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone(work): \_\_\_\_\_

(home): \_\_\_\_\_

(cell): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (work): \_\_\_\_\_

(home): \_\_\_\_\_

(cell): \_\_\_\_\_

Has your child been in childcare before? ☐ Yes ☐ No

If so, what kind: ☐ Relative's Care ☐ Home Care ☐ Church Care

☐ Other: \_\_\_\_\_

Does your child have an existing illness/condition? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Do you think your child is functioning at age-level? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Is your child able to walk? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Is your child able to communicate with others? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Does your child have a special or restricted diet? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Does your child have eating difficulties? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Does your child rest in the middle of the day? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Is your child toilet trained? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Does your child require any medication, therapy, treatment, or medical assessment ( example, blood sugar monitoring) while in childcare? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Does your child utilize any special equipment (such as a breathing machine, wheelchair, hearing aid, or braces)? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Does your child require and/or desire any accommodations or modifications in order to fully and equally enjoy and participate in the setting?

Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

Comments and additional information:

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date