



Family and Child Profile

Child's Full Name _____

Child likes to be called _____ Birthdate _____

Your Family's Profile

1. With whom does your child live?

	<u>Name</u>	<u>Age</u>	<u>Relation to child</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

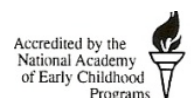
2. Please list other adults or children who may be special to your child, special names your child may have for them and their relationship.

3. Parents are: Married Unmarried Separated
 Divorced Remarried Deceased
 Domestic Partners

4. If your child resides in more than one house, please describe the arrangement schedule.

5. Is your child adopted? Yes No If yes, at what age? _____ Is your child aware? _____

(Please continue on next page)



6. Is English your child's first language? _____ Yes _____ No
7. Please list other languages spoken by your child. _____
8. NBCC wishes to be sensitive to family traditions, please share with us your family's:
- a. Cultural background- _____

 - b. Special family traditions- _____

 - c. Favorite family activities- _____

 - d. Holidays your family celebrates- _____

9. Why did you choose to enroll your child in NBCC? _____

Your Child's Profile

1. How would you best describe your child's personality? _____

2. What are your child's special interests and favorite activities? _____

3. How do you feel your child responds/will respond to a childcare setting? _____

4. How does your child interact with other children? _____

5. How does your child show feelings? _____

6. What makes your child upset or angry? _____

7. How do you comfort your child when he/she is upset or angry? _____

8. How do you discipline your child? _____

9. Is your child potty trained? _____ Yes _____ No
10. If not, has the potty been introduced? _____ Yes _____ No
11. Does your child have special toileting words or need assistance with toileting? _____

12. What are your child's eating habits or specific food preferences? _____

13. What are your child's sleeping habits? _____

14. Please describe any experiences that have been traumatic or influential for your child. _____

15. Please share anything else you would like us to know about your child. _____

Your Goals for Your Child

1. What goals do you have for your child in this group experience? _____

2. What goals do you have for your child in the following areas of development?

a. Physical- _____

b. Language- _____

c. Cognitive- _____

d. Social/Emotional- _____

3. Other goals- _____

Thank you for your information and for helping us learn more about your child and family.