



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. List any pets and their names.

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. Because NBCC wishes to be sensitive to family traditions, please share with us your family's cultural background, religious background, or special family traditions and favorite activities.

9. Please describe any allergies, medical conditions or special needs your child may have (if you child has a special need requiring additional attention by a teacher – for example: medications or diet restrictions, etc. please be sure to fill out a Child Health Care Plan form, which can be found in the office.)

10. 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. _____

Signature Page:

Parent Signature _____ Date _____

Yearly Update:

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____