Child Profile

***Please give information concerning your child which will be helpful to the childcare provider. The more we know about your child, the better we can help him/her adapt to Little Steps of Joy Academy.**

Child's Full Name:_____ Date of Birth_____

Nickname used:_____

Other children in family (list relation and ages)_____
_____

Has your child had previous daycare experience? ___ YES ___ NO

List 5 words to describe your child's personality

_____ _____ _____

_____ _____

Is your child comfortable with other adults? ___YES ___ NO
Is your child comfortable with other children? ___YES ___NO

How does your child express his/her feelings? (i.e. anger, frustration)

_____

_____

_____

Child's usual dining habits (circle all that apply) Bottle, Sippy Cup, Regular Cup, Highchair, Table, Uses Fingers, Uses Utensils

Favorite Foods:_____

Strong Dislikes:_____

Do you have a problem with your child celebrating any holidays? ___YES ___NO

If YES, please list_____
_____
_____
_____

Does your child have any fears?_____

What is your child's favorite indoor activity?_____

What is your child's favorite outdoor activity?_____

What is your child's favorite toy?_____

Does your child normally nap at home? ___YES ___NO

If YES, Please list normal nap schedule_____

Is your child potty trained? ___YES ___NO

What words does/will your child use for the use of the bathroom?_____

How much help does your child need in the bathroom?_____

Does your child have accidents? ___YES ___NO

If YES, approximately how often?_____

What are your expectations of Little Steps of Joy Academy?

_____
_____
_____
_____

Is there anything else you feel I should know in order for me to better care for your child?

_____
_____
_____
_____
_____