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**For Kid's Sake - Pinckney**  
10300 Dexter-Pinckney Road  
Pinckney, Michigan 48169  
Phone: (734) 878-1200

## Family Profile

### Infant

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

*Parent/Guardian*

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements):

e-mail \_\_\_\_\_

daytime # \_\_\_\_\_

cell # \_\_\_\_\_

other \_\_\_\_\_

*Parent/Guardian*

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements):

e-mail \_\_\_\_\_

daytime # \_\_\_\_\_

cell # \_\_\_\_\_

other \_\_\_\_\_

Other children in the family (names and ages) \_\_\_\_\_

Previous child care setting:

- home with parents
- with other relatives
- at another child care center/home
- other \_\_\_\_\_

On daily notes about your child, what are you most interested in being told?

- eating
- sleeping
- diapering/toilet learning
- social interactions
- daily activities
- other \_\_\_\_\_

Do you have family traditions, cultural learning experiences, or special interest or talents you would be willing to share with your child's class? \_\_\_\_\_

\_\_\_\_\_ Or can you join us on field trips? \_\_\_\_\_

Anything else you want us to know? \_\_\_\_\_



# Family Profile

## Infant

### Food

Is there anything we should know about your child's eating and drinking habits?

- still using a bottle
- foods strongly liked or disliked (list below)
- Other (describe):

Any known allergies?

How does your child tell you s/he's hungry?

### Sleep

How long is a typical daytime nap, if any, and how many does s/he take in an average day?

Does s/he have any comfort objects (e.g. special Blankets, toys, pacifiers)?

How long does your child sleep at night? What are typical bed and wake-up times?

How does your child tell you s/he's tired?

### Physical and Social/Emotional Needs

What specific features of our program do you think may be interesting, exciting, or difficult for your child?

Are there any special objects or rituals that your child finds comforting when upset or tired?

Does your child have any specific fears (e.g. garbage trucks, sirens, thunder, vacuum)?

How does your child prefer to learn new things? (check all that apply):

- hands-on
- through repetition
- from other children
- from adults
- alone
- in a group
- other (describe):

What is most important to you in the care of your baby?