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For Kid's Sake – Pinckney
10300 Dexter-Pinckney Rd
Pinckney, MI 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 childcare setting:

- Home with parents
- With other relatives
- At another childcare center/home
- Other _____

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

- Eating
- Sleeping
- Diapering
- 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

Sleep

How will we know that your child is tired and needs sleep?

When and for how long does your child usually sleep?

What helps your child to fall asleep?

Does your baby prefer to fall asleep in a certain position, such as up on your shoulder, laying down in your arms, or laying in their crib?

We put babies to sleep on their backs. Is your baby used to sleeping on his or her back?

- Yes
- No

How does your child wake up? Does he or she wake up quickly or slowly?

Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

Awake Time

How does your baby like to be held? What position does your baby prefer when awake?

In what language do you speak and sing with your child at home?

What are some of your child's favorite activities to do when awake?

What are you and your child's favorite ways to play or spend time together?

Comfort Items

Does your child have an item, such as a blanket or pacifier, that they find soothing?

Family Profile

Infant

Food

Any known allergies?

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

For bottle feeding:
How much does your child typically drink in one feeding?

How frequently does your child drink a bottle?

Does your child prefer their bottle to be warm or cool?

Solid Foods

How often does your child eat solid foods?

Are there any foods/textures that your child strongly dislikes?

Physical and Social/Emotional Need

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
- Unknown
- Other (describe):

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