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For Kid's Sake - Pinckney

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| | Fam | ily | Profi | le |
|------|-------|-----|--------|--------|
| Pres | chool | and | Kinder | garten |

| | Today's Date | |
|--|--------------|--|
|--|--------------|--|

Child's Name ______ 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 _____

| Relationship to child |
|------------------------------------------------|
| Best way to reach you for non-emergencies (e.g |

Name

Parent/Guardian

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:

- \Box home with parents
- \square with other relatives
- \Box at another child care center/home
- □ other _____

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

- \Box eating
- \Box sleeping

□ social interactions

- □ diapering/toilet learning
- \Box 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 Preschool and Kindergarten

Food

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

- □ foods strongly liked or disliked (list below)
- \Box Other (describe):

Any known allergies?

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?

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

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):

- \Box hands-on
- $\hfill\square$ through repetition
- $\hfill\square$ from other children
- \Box from adults
- \Box alone
- \Box in a group
- \Box other (describe):