

Family Profile

Preschool and Young Fives

Child's Name _____ Nickname _____ Birthdate _____

<i>Parent/Guardian</i>	<i>Parent/Guardian</i>
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____	Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____

Other children in the family (names and ages) _____

When did your family first enroll at this or any other Gretchen's House? _____

Do you have family or friends in the area to offer support? _____

Previous child care setting:

- | | |
|--|--|
| <input type="checkbox"/> home with parents | <input type="checkbox"/> at this Gretchen's House |
| <input type="checkbox"/> with other relatives | <input type="checkbox"/> at another Gretchen's House |
| <input type="checkbox"/> at another child care center/home | <input type="checkbox"/> other _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> eating | <input type="checkbox"/> social interactions |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> daily activities |
| <input type="checkbox"/> diapering/toilet learning | <input type="checkbox"/> 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? _____



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Food

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

- Still using a Sippy-cup
- Favorite foods (list):

Foods strongly disliked (list):

My child has an intolerance to:
Symptoms include:

My child has allergies to the following:

My child has an epi-pen and action plan from the doctor.

My child is a vegetarian

My child cannot eat _____
due to religious reasons

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?

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 truck, sirens, thunder)?

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

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