

Wasatch Christian Early Learning Center

CHILD PROFILE (Fill out separately for each child)

The information requested on this form will be used by your child's teachers as a tool to gain a better understanding of your child and how we can better meet their needs and desires. It, along with other information about your child, will be placed in your child's portfolio and be reviewed by each of their teachers throughout the duration of their time here at Wasatch Christian Early Learning Center. Your child's portfolio will remain confidential at all times. You are not required to answer any question that you feel invades your child or family's privacy. All portfolios are the property of Wasatch Christian Early Learning Center. Parents/Guardians may view their child's file with the assistance of any Wasatch Christian Early Learning Center staff member, upon request.

Child's Name: _____ Date of Birth: ____/____/20____

Nickname: _____

Does your child have grandparents nearby? Yes No

How often do they see them?

CHILD'S ACTIVITIES

Extracurricular activities your child is involved in:

Regular responsibilities at home:

CHILD'S INTERESTS

Special interests your child has:

Pets at home:

Interests other family members have that could be used for an activity in the classroom?

PERSONAL BACKGROUND

Fears or anxieties:

Steps our staff can take to calm fears or anxieties:

Medical issues that may limit play and/or participation in center activities:

Allergies:

Special needs:

Ethnic practices and/or holidays your family observes:

GOALS

Previous childcare arrangements your child has experienced in the past:

Previous difficulties with other centers that may be addressed by our center staff to better serve you:

Specific developmental areas that need our assistance:

Other information that would be helpful:

Please list any specific restrictions you want us to know about and support:

Please tell us about current goals you are working on with your child: (things we may be able to provide support or provide enrichment activities)

MEDICAL HISTORY

Please list any injuries your child has experienced:

Please list all serious illnesses experienced by your child, including measles, mumps, etc.:

Please list anything else you would like for your child's teacher to know about him/her:

Thank You