www.forkidssakeelc.com
http://www.facebook.com/forkidssake
http://www.facebook.com/juliehenespicano
http://www.facebook.com/zantzone

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

Family Profile

Preschool and Kindergarten

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
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)
- ☐ 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):

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