

NORTH HILLS CHILD CARE CENTER

FAMILY PROFILE

Child's name _____ DOB _____

Nickname _____ Gender F M

Lives with: mom & dad mom dad other

Names and ages of sisters and brothers _____

Do you have any pets? _____

What type of group experiences has your child been involved in? _____

Does your child speak more than one language? Yes No

Which ones? _____

What concerns does your child have about attending school? _____

What medical concerns or allergies should we be aware of? _____

What are some of your child's favorite things to do? _____

What words does your child use for urination? _____

What words does your child use for bowel movements? _____

What special talents or cultural customs would you like to share with your child's class? _____

What else should we know about your child to help make the school year successful? _____

So that we may better serve you, do you have a church affiliation? Yes No

If yes, where do you attend? _____