



# A READINESS LEARNING ACADEMY

## CHILD INFORMATION PROFILE

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

You know your child better than anyone else in the world! Please take a moment to complete this profile, as the information will help us to know your child better and to meet his/her individual needs.

1. What would you like most for your child to experience with us?  
\_\_\_\_\_
2. What does your child enjoy doing the most?  
\_\_\_\_\_
3. What are your child's favorite toys?  
\_\_\_\_\_
4. With whom does your child reside? Please list names and relationships to your child.  
Adults:      Name \_\_\_\_\_ Relationship \_\_\_\_\_  
                  Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Children:     Name \_\_\_\_\_ Relationship \_\_\_\_\_  
                  Name \_\_\_\_\_ Relationship \_\_\_\_\_
5. Who also cares for your child?  
\_\_\_\_\_
6. What language is spoken in your home? \_\_\_\_\_
7. Does your child have any medical or physical needs?  
\_\_\_\_\_
8. Does your child have any food or environmental allergies? If so, explain in detail the information regarding the medical remedies that must be administered in the event that such an allergic reaction is triggered.  
\_\_\_\_\_
9. What are the foods your child likes best? \_\_\_\_\_  
least? \_\_\_\_\_
10. What are your child's mealtime routines at home?  
\_\_\_\_\_
11. How many hours of sleep does your child receive at night? \_\_\_\_\_
12. What are your child's sleeping arrangements? Circle appropriate items:  
own room, shares room with \_\_\_\_\_, sleeps in crib, sleeps in bed.

13. What are your child's bedtime rituals?  
\_\_\_\_\_
14. Does your child take naps? Yes, or No, if yes, for how long? \_\_\_\_\_
15. Does your child need a favorite item (such as a blanket) for nap? Yes, or No, if yes, does your child have a special name for it? \_\_\_\_\_
16. What words are spoken in your home for toileting? \_\_\_\_\_
17. How does your child express anger or react to frustration?  
\_\_\_\_\_
18. Does your child have any particular fears?  
\_\_\_\_\_
19. How does your child react to change (such as being left by parents)?  
\_\_\_\_\_
20. How does your child comfort him/herself?  
\_\_\_\_\_
21. What are your child's play interests (i.e. preference for creative, dramatic or construction play)?  
\_\_\_\_\_
22. List the ages and gender of children with whom your child plays:  
\_\_\_\_\_
23. How do you discipline your child?  
\_\_\_\_\_
24. When did your child begin to use language? \_\_\_\_\_
25. How would you describe your child (personality characteristics)?  
\_\_\_\_\_
26. What do you enjoy the most about your child?  
\_\_\_\_\_
27. Has your child had previous preschool experiences?  
\_\_\_\_\_
28. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_
29. Do you have a special interest or hobby you would like to share with the children?  
\_\_\_\_\_
30. Are you available to help us with field trips or other special events? Yes, or No

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_