



# 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 \_\_\_\_\_  
                  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 allergies? Explain:  
\_\_\_\_\_
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: \_\_\_\_\_