

Christina Kent Early Childhood Center

Child Profile

- 1) What name do you call your child? _____
- 2) Does your child play with neighborhood children? _____
- 3) Does your child play well with other adults? _____
- 4) How much time does your child spend alone? _____
- 5) Does your child like to dress him/herself? _____
- 6) Is your child ____ right-handed ____ left handed?
- 7) Does your child have a nut allergy? _____
- 8) Does your child like to help prepare meals? _____
- 9) What activities do you share with your child on a regular basis? (stories, games, chorus, etc)

- 10) Was there anything unusual about your child's birth? _____ If yes, please explain

- 11) What time does your child go to sleep at night? _____ p.m. Wakes up at _____ a.m.
- 12) How does your child ask to go to the bathroom? _____
- 13) Does your child have any fears such as the dark, animals, insects, loud noises, etc.?

- 14) Besides English, please list any other languages spoken at home. _____
- 15) What cultural activities or religious beliefs are important to you and your family?
