



Child Profile

Please give information concerning your child which will be helpful to the childcare provider. The more we know about your child, the better we can help him/her adapt to Little Steps of Joy Academy.

Child's Full Name: _____ Date of Birth _____

Nickname used: _____

Other children in family (list relation and ages) _____

_____ Has your child had previous daycare experience?
___ YES ___ NO

List 5 words to describe your child's personality _____

Is your child comfortable with other adults? ___ YES ___ NO Is your child comfortable with other children? ___ YES ___ NO

How does your child express his/her feelings? (i.e. anger, frustration)

Child's usual dining habits (circle all that apply) Bottle, Sippy Cup, Regular Cup, Highchair, Table, Uses Fingers, Uses Utensils

Favorite Foods: _____

Strong Dislikes: _____

Do you have a problem with your child celebrating any holidays? ___ YES ___ NO

If YES, please list _____

Does your child have any fears? _____

What is your child's favorite indoor activity? _____

What is your child's favorite outdoor activity? _____

What is your child's favorite toy? _____

Does your child normally nap at home? ___YES ___NO

If YES, Please list normal nap schedule _____

Is your child potty trained? ___YES ___NO

What words does/will your child use for the use of the bathroom? _____

How much help does your child need in the bathroom? _____

Does your child have accidents? ___YES ___NO

If YES, approximately how often? _____

What are your expectations of Little Stars Learn & Play Center?

Is there anything else you feel I should know in order for me to better care for your child?
