Please complete this form in its entirety.

LITTLE SCOUTS
learning through play

CHILD INFORMATION

Child's Name _____ Nickname _____ Date of Birth_____

Gender ❍ M ❍ F

Address _____ City _____

State _____ Zip _____

Home Phone _____ Email_____

Who has legal custody of child? _____

Any restrictions? *(Please provide legal documentation)* _____

Parent **Guardian**

Name _____

Age ___ Education _____

Occupation_____

Business Name _____

Business Phone _____

Do you travel for business? ❍ Yes ❍ No

How Often? _____

Cell Phone _____

Email _____

Parent **Guardian**

Name _____

Age_____ Education _____

Occupation _____

Business Name_____

Business Phone_____

Do you travel for business? ❍ Yes ❍ No

How Often? _____

Cell Phone_____

Email_____

FAMILY PROFILE

MARITAL STATUS OF PARENTS

❍ Married/Date_____ ❍ Widowed/Date_____ ❍ Single_____

❍ Separated/Date_____ ❍ Divorced/Date_____ ❍ Other_____

OTHER CHILDREN IN THE FAMILY:

Name	Gender	Age	Resides With

Other adults living in home_____ Relationship_____

Kind of family pets_____

Name of pets_____

What languages are spoken in your home? _____

Child's Physician_____ Phone _____

Hospital Affiliation_____

Child's Dentist _____ Phone _____

GENERAL HEALTH

Was your child ❍ Full term ❍ Premature If premature, how many weeks early? _____

Child's length at birth_____ Child's weight at birth_____

Were or are there any physical or medical factors of which we should be aware? If yes, please describe. (Required)

❍ Yes ❍ No _____

_____

_____

_____

Does your child use adaptive equipment, medical or health equipment (tubes, glasses)? ❍ Yes ❍ No

(please describe) _____

Does your child take medication regularly? ❍ Yes ❍ No

(Please describe) _____

_____

ROUTINES

GENERAL SEPARATION

Is this your child's first infant/toddler or preschool experience? ❍ Yes ❍ No

If no, what was previous experience?_____ Where?_____

How long did they participate? Days/Week?_____Hours/Day_____

What was child's experience? _____

How did your child transition?_____

Why did experience end?_____

DEVELOPMENT

At what age did they? *(If you can't recall the age but your child has mastered the skill, just check it.)*

Crawl _____ Walk _____ Point _____ Babble _____

Use Single Words _____ What were first words? _____

Use Phrases _____ What were first phrases? _____

Are there any aspects of your child's development that are of concern to you?_____

_____

_____

Because we believe that early identification and intervention is key to long-term developmental growth and success, please answer the following question in an effort to share as much information as possible about your child's unique learning profile.

Does your child currently receive outside professional therapies such as: Speech, occupational, developmental, physical, Early Intervention, etc.? If yes, please explain. _____

_____

_____

_____

_____

PARENT/GUARDIAN SIGNATURE

Omission and/or falsification of any information required in this profile is grounds for immediate dismissal from the program.

_____ _____ _____

Parent/Guardian Name Parent/Guardian Signature Date

Thank you for completing this form. The information you provided will allow Little Scouts Preschool to provide caring, individualized attention to your child. If you have any questions about this form, please don't hesitate to call.