

Please complete this form in its entirety.

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.