

Immaculate Conception Early Education Center

PERSONAL PROFILE

Your child is enrolled in the : Pre-K: Half Day Full Day Preschool: Half Day

Child's Name _____ M _____ F _____

Nickname _____

Name you want your child to recognize and eventually write: _____ formal or _____ nickname.

Please list all other members living in the household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has child had any previous Preschool experience? _____ Did child respond well to this experience? _____

Has child ever had any separation problem in previous school, play group, or with a babysitter?

Does child live any fears? _____ Does child have any dislikes? _____

What does child like to do best at home? _____

What types of discipline do you use with your child? _____

Who will be picking up your child on a regular basis? _____

What age children does your child usually play with? _____

Does your child tend to wander away from a group? _____

Does your child dress self? _____ Undress self? _____ Are your child's sleeping habits usually good? _____

Does your child have any physical disabilities or serious illnesses? _____

If yes, please explain: _____

Please list any allergies child might have. (Include food allergies) _____

Is child on medication? _____ If yes, please explain: _____

Does child have any nervous habits? _____ If yes, explain _____

Does child have any speech , hearing or vision problems? _____ If yes, please explain: _____

Are there any other problems or concerns you would like to bring to the teachers' attention? _____

Circle only if dominance is certain: My child is right-handed.

My child is left-handed.

Parent's Signature _____ Date _____