

# Little Leaders of KCK

Learning, Caring, Growing

## Child Profile

Child's Full Name:		Nicknames: (Name that you would like your child to be called at school)	
Sex: [ ]M [ ]F	Age:		Date of Birth:
Address:			
City:	State:		Zip Code:
Mother's Name:		Phone:	Cell Phone:
Address: (If different from above)			
City:	State:		Zip Code:
Email Address:			
Mother's Place of Employment:		Occupation:	
Employer's Address:		Work Phone:	
Father's Name:		Phone:	Cell Phone:
Address: (If different from above)			
City:	State:		Zip Code:
Father's Place of Employment:		Occupation:	
Employer's Address:		Work Phone:	
Email Address:			
May we use your email address(es) for communications from Little Leaders of KCK? <b>Yes No</b>		May we include your child in our Family Directory to help families plan play dates and birthday parties? <b>Yes No</b>	
Names of Siblings:		Ages of Siblings:	

Parent/Guardian with legal custody:	Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Does anyone else care for your child on a regular basis? If yes, who and relation?	
<b>Previous Child Care Providers and Experience:</b>	
How would you describe your child's overall health?	
Diseases or serious injuries?	
Disabilities?	
Food Allergies:	Medicine Allergies:
Other Allergies:	Frequent Ear Infections? Frequent Colds?
Regular Medications:	
How does your child behave when sick?	
<b>Emergency Contacts</b>	
Name:	Phone:
Name:	Phone:
<b>Back-up Child Care Provider</b>	
Name:	Phone:
Name:	Phone:
<b>Eating Behaviors</b>	
<input type="checkbox"/> Drinks from a cup <input type="checkbox"/> Cup w/lid <input type="checkbox"/> Bottle <input type="checkbox"/> Uses spoon <input type="checkbox"/> Uses fork	
What are your child's eating habits at home?	
What are some of your child's favorite foods?	
What are some of the foods your child dislikes?	
<b>Sleeping Behaviors</b>	
Does your child sleep through the night? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does your child take a morning nap? <input type="checkbox"/> Yes <input type="checkbox"/> No      Afternoon nap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long does your child nap? Morning _____ Afternoon _____ (Please include approximate times)	
Does your child have anything special to sleep with?	
What is your child's usual mood upon awakening?	
<b>Toilet Habits</b>	
Does your child wear? <input type="checkbox"/> diapers <input type="checkbox"/> pull-ups <input type="checkbox"/> underwear	
What does your child wear at naptime? <input type="checkbox"/> diapers <input type="checkbox"/> pull-ups <input type="checkbox"/> underwear	
Is diaper rash a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what do you use?	
Is diarrhea or constipation a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, please describe?	
Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No      Currently training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can your child indicate his/her bathroom needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have frequent "accidents"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What words does your child use for: urination _____ bm's _____	
<b>Playing</b>	
Does your child enjoy playing alone?	Does your child prefer playing with older, younger, or children of the same age?(circle)
How does your child get along with other children?	
Where does your child prefer to play? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
Does your child have any fears?	
What are some things that make your child angry?	
How do you comfort your child?	
What are some activities your child likes?	
What are some activities your child dislikes?	
What are your child's favorite books?	
What are your child's favorite toys?	
What form of discipline is most often used at home?	
<b>Other Information</b>	

Please describe your child and add any additional information that you feel will help the teachers at Little Leaders of KCK meet the needs of your child.

How did you hear about Little Learners? (circle all that apply)

Friend/Referral   Yellow Pages   Sign   Web Search   Website   Newspaper

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