

Personal Profile

Child's Full Name Date of Birth

Child's Nickname Variations of child's name you prefer we not use

Please list names and ages of family members (use separate sheet if necessary):

| | | |
|-----------------|--------------|-------------------------|
| Full name (age) | Relationship | Living with child (Y/N) |
|-----------------|--------------|-------------------------|

| | | |
|-----------------|--------------|-------------------------|
| Full name (age) | Relationship | Living with child (Y/N) |
|-----------------|--------------|-------------------------|

| | | |
|-----------------|--------------|-------------------------|
| Full name (age) | Relationship | Living with child (Y/N) |
|-----------------|--------------|-------------------------|

Please list other people your child sees frequently (use separate sheet if necessary):

| | |
|-----------------|--------------|
| Full name (age) | Relationship |
|-----------------|--------------|

| | |
|-----------------|--------------|
| Full name (age) | Relationship |
|-----------------|--------------|

| | |
|-----------------|--------------|
| Full name (age) | Relationship |
|-----------------|--------------|

Please list any pets:

| | | |
|------|------|-------|
| Name | Type | Breed |
|------|------|-------|

| | | |
|------|------|-------|
| Name | Type | Breed |
|------|------|-------|

Please answer the following questions in the spaces provided below (use separate sheet if necessary).

Will your child's schedule include napping at MECC?

- Yes
- No

How do you support your child's independence at home?

What language(s) is/are spoken in your child's home?

Does your family have specific cultural practices or preferences of which you want us to be aware?

Has your child experienced any major family lifestyle or living arrangement changes (e.g., death of a relative, divorce, new residence)? Please explain:

How does your child respond to large groups? Explain experience with other groups of children:

Do you have any specific reservations or concerns about your child in a school setting?

Please list your child's special interests:

Does your child have any specific fears? If so, please specify and explain any history:

What behavior of your child do you consider the most difficult? What do you love about your child?

How much "screen time" (television, videos, and computer) does your child have each day?

What amount of experience does your child have with toileting?

What are your child's eating habits and patterns?

What are your child's sleep habits and patterns (nap, if applicable, and bedtime)?

What kind of "disciplining" strategies do you use?