

Personal Profile Sheet

Please complete this survey about your child. It will help your child's teacher(s) to become better acquainted with your child's individual interests and needs.

First Name Middle Name Last Name

Nickname _____ Birthdate _____

Allergies _____

Who will be picking up your child? _____ Phone _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Marital Status of Parents _____ Does Child Live With Both Parents? _____

Explain any personal/confidential information the school/teacher needs to know of (i.e. divorce, separation, special needs, etc.) If more room is needed, please use the back or attached a sheet of paper.

Brother or Sisters (Name, Age, and School) _____

Has your child previously attended a preschool or nursery school? _____

If "yes", where? _____

Favorite things: _____

Least Favorite things (i.e. bugs, costumes, etc.): _____

How does your child separate from you? _____

At what age was your child fully potty trained? _____ months

How long does your child sleep each night? _____ hours

What would you like your child's teacher to know?
