



CHILD PROFILE

School Year
2026-27

We would like to provide our staff with a better understanding of your child. Please take the time to fill out the information below so we may better meet your Child's individual needs.

Today's Date _____

Name of Child _____ Date of Birth _____

What does your child enjoy doing the most?

What are your child's favorite toys?

Are there any siblings?

How many? _____ Names & ages: _____

What type of foods does your child like?

Dislikes?

What gives your child comfort? (Blanket, toy, music, etc. please describe)

Does your child have any fear?

Does your child have any special interests?

How would you describe your child's personality?

Does your child have any Allergies: YES _____ NO _____

If so, to what: _____

Reaction: _____

Specific Needs / Comments _____

Academic year 2026-2027