

Child Profile survey Concordia Community Arts Play care

1. Child's name _____ Age _____ date _____
2. Has or does your child have any known health problems () yes () no If yes, describe:

_____.
3. Does your child need regular medication for health problems? () yes () no. If yes, what and when is it given? _____
_____.
4. Does your child suffer from allergies? () yes ()no. If yes, list allergens:

_____.
5. Special instructions in the event of an allergic reaction: _____
_____.
6. Is your child prone to (circle all that apply): Stomach upsets, Colds, Headaches, Sore throats, Ear Aches, Other _____.
7. Are there any indications of vision or hearing problems? () yes () no
8. Has your child had any recent serious illness? () yes () no
9. Does your child have any mental or physical disabilities? () yes () no If yes, please explain:

_____.
10. Does your child have a small or large appetite? _____
11. Favorite Foods: _____
_____.
12. Strong dislikes in foods: _____
_____.
13. How would you describe your child's personality? _____
14. Does your child have a regular bedtime schedule? () yes () no
15. Does your child take naps? _____how long? _____Does your child have sleep apnea? ____
Night terrors? _____ Walk in sleep? _____ Any sleeping habits/ rituals?

16. Is your child potty trained? () yes () no
17. Please describe any particular concerns about your child's toilet habits:

_____.
18. Does your child have any particular fears such as dogs, sirens, thunderstorms, etc?

19. Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? () yes () no If so, please describe: _____
_____.
20. Are there any holiday celebrations you don't want your child to participate in? ()Yes ()No
If so, which one/s: _____
_____.

Child Profile survey Concordia Community Arts Play care

21. Are there holidays that you celebrate that you would like to share with me?

22. Special instructions concerning care, medications or diet not mentioned above:

23. How do you prefer to communicate with us?

Text _____ E-mail _____ phone _____ In person _____

24. What is a typical family routine when you are together away from our program?

25. Anything else you would like us to know?

Signature _____

Date _____