

## "About Me" ó Your Child's Profile

Dear Parent/Guardian,

Please help me help your child transition into daycare better by completing this form. All of the information provided on this form is requested so I can get to know your child and help the adjustment period go a little smoother.

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Please list your child's favorite:

Breakfast food: \_\_\_\_\_

Lunch Food: \_\_\_\_\_

Snack Food: \_\_\_\_\_

Song: \_\_\_\_\_

Books: \_\_\_\_\_

Videos: \_\_\_\_\_

Toy or Stuffed Animal: \_\_\_\_\_

Cartoon Character: \_\_\_\_\_

Game: \_\_\_\_\_

Inside Activity: \_\_\_\_\_

Outside Activity: \_\_\_\_\_

If my child has trouble falling asleep I usually: \_\_\_\_\_

\_\_\_\_\_

My child is afraid of: \_\_\_\_\_

Please circle the words that best describe your child: *calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, destructive, gives in easily, temper tantrums, jealous, dominant personality, submissive personality, easily frustrated, shares well, hyperactive, bright, slow learner, busy, contented, slow to warm up, independent, other:* \_\_\_\_\_

Other important people who have regular contact and are involved with my child's care (grandparents, step parents, siblings, friends etc.):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How well does your child get along with other children? \_\_\_\_\_

What makes your child mad or upset? \_\_\_\_\_

What do you find is the best way of handling your child? \_\_\_\_\_

What family rules are expected of your child? \_\_\_\_\_

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to eat other):

Any special concerns: