



CHILDREN'S CONTINUOUS CARE INC.

"Your child's home away from home"

369 Mildahn; Macedon, NY 14502

Phone: 585.377.9630 Fax: 585.377.2816

PRESCHOOL CHILD PROFILE

Child's Name: _____ **Date of Birth:** _____

Name your child prefers to be called: _____

Where has your child been in care previously? _____

What type of group experiences has your child been involved with? _____

How has your child developed in the past year? _____

What concerns do you have about your child's development? _____

What are your goals for your child for the next year? _____

What is the most important thing for us to know about your child? _____

Please describe your child's current eating habits. _____

Is your child usually willing to try new foods? _____

Does your child have any known allergies? _____

Are there fears which your child exhibits? _____

What time does your child go to bed at night? _____

What time does your child awaken in the morning? _____

Does your child awaken quickly or slowly? _____

How long a nap does your child usually take? _____

By nature is your child friendly or shy? _____

How does your child relate to new people? _____

What makes your child angry? _____

How does your child show feelings? _____

What do you find is the best way to comfort your child? _____

Do you have particular concerns or ideas that your child will need before entering kindergarten?

Parent/Guardian Signature: _____ **Date:** _____