



**Littlewoods**  
EARLY LEARNING CENTER

## CHILD PROFILE FORM

Please take a moment to fill this form with some additional details about your child. Your child is special and unique. We would like to find out more about your child's needs, likes, dislikes, habits, routines and any other information you feel is important or relevant.

Child's name:                 Nick name:

Names and ages of siblings: \_\_\_\_\_

Schools attended by siblings: \_\_\_\_\_

Other people involved in caring for your child (eg. nanny, grandparents, relatives, etc.) \_\_\_\_\_

Has your child attended nursery before? Yes  No

If yes, please state which nursery and for how long: \_\_\_\_\_

Does your child have a special comforter? (eg. pacifier, blanket, teddy, etc) Yes  No

If yes, please mention the same \_\_\_\_\_

Does your child have any special words, certain things (eg. milk, comforter, toilet, etc)?

### Can your child:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Wash his/her hands                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Help get dressed                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Eat independently (using hands or utensils) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Brush his/her teeth                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Help put away toys                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### What is your child's favourites:

a. Food/Drink: \_\_\_\_\_ b. Activity/Game: \_\_\_\_\_

c. Toy: \_\_\_\_\_ d. Song: \_\_\_\_\_

Toilet training (ability/plans): \_\_\_\_\_

Daytime sleep pattern: \_\_\_\_\_

Is there anything in particular that your child does not like?

\_\_\_\_\_

Is there anything else that you think we should know about your child?

\_\_\_\_\_

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