

Child Profile

This information is for the use of the Radiant Kidz Zone's staff to better understand and work more effectively with your child. All information will be kept confidential.

CHILD'S NAME _____ BIRTHDATE _____

Mother/Guardian Name _____ Occupation _____

Father/Guardian Name _____ Occupation _____

Is there an unusual situation in your home that we should be made aware of that would help us in understanding and working more effectively with your child? (Recent baby, marriage, divorce, death, new step-parent, adoption, etc.) _____

With whom does your child reside? _____

Does your child have difficulty communicating verbally? _____

Do you have any areas of concern regarding your child's development/skills? _____

What languages are spoken in your home? _____

Does your child have any medical problems that we should be made aware of? _____

Does your child have any allergies? _____

Is your child fully potty-trained without use of Pull-Ups? _____

Does your child have siblings (name and age)? _____

Signature of Parent/Guardian _____ Date _____

For office use only			
Start Date _____	Classroom _____	F/T OR P/T _____	AM/PM _____
Days: Mon _____	Tues _____	Wed. _____	Thurs _____ Fri _____
_____ Copy to Teacher	_____ Allergy list updated		