

# 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		