

Child's Profile (3/6)

minutes to fill this questionnaire out. (If you find some of our questions too personal, NAME of Child:	Child's	Child's Date of Birth:		
FIRST NAME LAST NAME PREFERRED NAME	DAY	MONTH	YEAR	
loes your child have a <u>medical condition</u> that we need to be aware of?				
* If your child has any food allergies that require an EpiPen , you will need to fill out an <u>Anaphylaxis Form.</u> You will a	also need to provide Pre	eschool with an E	piPen for	
nild before first day of class which will be store in our first aid backpack*** For Asthma you will need to fill out ac reschool with an Inhaler ***.	lditional Asthma Emer	rgency Action P	lan & pro	
oes your child live with both parents?				
t If not, please provide us with any court agreements that you have on file. (If there are no court agreements in place, please note that ou	r policy is to allow both par	ents equal access y	our child/re	
oes the child have any siblings ? If so, what are their ages ?				
s English your child's first language? Yes No				
/hat other languages does he/she know or speak?				
loes your child have any previous experience away from home - please describe?)			
s your child comfortable being left with a caregiver ?				
loes your child have any fears that we should know about?				
bes your child have any rears that we should know about:				
Vhat does your child enjoy playing at home ? How do you and your child spend tin	ne as a family?			
what does you child enjoy playing at nome : now do you and your child spend un				
Vhat is their favourite snack ? Are there any food restrictions or anything that we	should be aware	e of?		
re they toilet trained?				
FYES , are there any bathroom routines that we should be aware of?				
to they need to be reminded or will they tell you when they need to go?				
Vhat is your child's cultural heritage/background?				
o you celebrate any cultural festivities as a family?				