



TRINITY LUTHERAN DAYCARE



97 W. Nicolai Street, Hicksville, New York 11801

FAMILY PROFILE FORM

PARENT INFORMATION

* Please provide the best email address for receiving daycare alerts

Mother's Full Name: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Date of Birth: _____
(year is not required)

Mother's Place of Employment: _____

Address: _____

Phone: _____ Hours: _____

Father's Full Name: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Date of Birth: _____
(year is not required)

Father's Place of Employment: _____

Address: _____

Phone: _____ Hours: _____

Custodial Parent/Legal Guardian: _____

* Please note in a custodial parent or legal guardian situation copies of any court documents MUST be on file at the daycare.

CHILD INFORMATION

Childs Name: _____ Birthdate: _____

Address: _____

Is the child adopted? _____ Age of Adoption: _____

Does the child know? _____

Is your child right handed, left handed or ambidextrous? _____

EATING

Is your child on any special diet? _____ Vegetarian _____ Lactose _____ Vegan _____ Other _____

Does your child have any food allergies? _____ If yes, please describe: _____

What does your child use for drinking?

Bottle _____ Sippy Cup _____ Regular Cup _____ Nursing _____ Other _____

How often does your child eat? _____

What are some of your child's favorite foods? _____

SLEEPING

Does your child nap? _____ How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or "lovey" or pacifier? Yes No

Are there specific bedtime routines at home? _____

Where does your child sleep at home? _____

TOILETING

Does your child use diapers? Yes No Cloth Disposable Pull ups

Does your child use a potty chair or the toilet? _____

How does your child let you know that it's time "to go?" _____

Does your child need regular reminders to use the bathroom? Yes No

DEVELOPMENT

Do you have any concerns about your child's development? Yes No

Hearing Vision Language Gross Motor Fine Motor Social

Other: _____

What is your child's primary spoken language? _____

Are there other languages being used with your child? _____

SOCIAL AND EMOTIONAL DEVELOPMENT

Has your child been in child care before? Yes No

Is your child comfortable in group situations? Yes No

What is your child's regular routine at home? _____

Is there anything we should know about your child's play with other children or by themselves, any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids? _____

Does your child have any siblings? _____

Does your family have any pets? _____

What soothes your child? _____

What frightens your child? _____

Is there anything regarding your family, extended family or child that you would like to share with us? _____

(Representative Signature and Date)

(Parent/Guardian Signature and Date)