



# Family Profile Update

Please complete this form in its entirety.

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female

Name/Nickname to Call Child \_\_\_\_\_

Child's Class \_\_\_\_\_ Days of Week \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Who should we contact in an emergency? Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_ Any restrictions? \_\_\_\_\_

## YOUR FAMILY

**PARENT/GUARDIAN #1:** Name \_\_\_\_\_

Occupation \_\_\_\_\_

Would you be willing to share your occupation with your child's class during Community Helpers Month? \_\_\_\_\_

Health Problems? \_\_\_\_\_

Address if different than above \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Work Days/Hours:  Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_  Sun \_\_\_\_\_

Do you travel for business?  Yes  No If yes, how often? \_\_\_\_\_

**PARENT/GUARDIAN #2:** Name \_\_\_\_\_

Occupation \_\_\_\_\_

Would you be willing to share your occupation with your child's class during Community Helpers Month? \_\_\_\_\_

Health Problems? \_\_\_\_\_

Address if different than above \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Work Days/Hours:  Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_  Sun \_\_\_\_\_

Do you travel for business?  Yes  No If yes, how often? \_\_\_\_\_

Parents' Marital Status:  Married: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Separated: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_

Other children in Family:

Name	Date of Birth	Resides With	Health	School/Grade	Gender
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F
_____	_____	_____	_____	_____	<input type="radio"/> M <input type="radio"/> F

## FAMILY PROFILE UPDATE

What cultural holidays does your family celebrate? \_\_\_\_\_

Would you be willing to share these holidays with your child's class? \_\_\_\_\_

Have there been any recent family changes?

- Move to new home \_\_\_\_\_
- Change in caregiver \_\_\_\_\_
- New job \_\_\_\_\_
- Death in family \_\_\_\_\_
- New hours at work \_\_\_\_\_
- Loss of pet \_\_\_\_\_
- New baby \_\_\_\_\_
- Other loss \_\_\_\_\_
- Serious illness \_\_\_\_\_
- Other \_\_\_\_\_

What was child told about change(s) in family? \_\_\_\_\_

How did s/he react? \_\_\_\_\_

## GENERAL HEALTH/MEDICAL INFORMATION

Child's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Are there any physical or medical factors of which we should be aware?

- Allergies \_\_\_\_\_
- Vision \_\_\_\_\_
- Hearing \_\_\_\_\_
- Ear infections? How often? \_\_\_\_\_ Fluid?  Yes  No
- Coordination \_\_\_\_\_
- Constipation \_\_\_\_\_
- Diarrhea \_\_\_\_\_
- Other \_\_\_\_\_

Does your child take medication regularly?  Yes  No If yes, please describe \_\_\_\_\_

Are there special instructions for this medication? \_\_\_\_\_

Has your child experienced:

- Serious illness \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_
- Hospitalization \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_
- Surgery \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_
- Accident(s) \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_
- Injuries \_\_\_\_\_ Type/reason \_\_\_\_\_ Date \_\_\_\_\_
- Other \_\_\_\_\_

## DEVELOPMENT

At what age did your child start potty training? B.M. \_\_\_\_\_ Bladder \_\_\_\_\_

Method of training \_\_\_\_\_ Does s/he tell you:  Before  After

Does s/he need to be reminded to go? During the day:  Yes  No At night:  Yes  No

Does s/he mind using unfamiliar toilets?  Yes  No

If s/he has an accident, what is his/her reaction? \_\_\_\_\_

FAMILY PROFILE UPDATE

OTHER

Are there any aspects of your child's development that are of concern to you? \_\_\_\_\_

Do you feel that collaboration would be useful?  Yes  No

Are there any programs or services not provided by Little Ones that you would like us to consider? \_\_\_\_\_

What particular things would you like us to work on together during the year? \_\_\_\_\_

Is there any other information that you would like to provide? \_\_\_\_\_

SIGNATURE

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

THANK YOU FOR COMPLETING THIS FORM!

The information you provided will allow the staff at Little Ones to provide caring, individualized attention for your child.

If you have any questions about this form, please don't hesitate to call.

