

A Great Start Preschool Child Profile Form

Please complete this form and return it to the Preschool office along with any other paperwork requested to complete your child's file.

Child's Full Name (First, Middle Last): _____

Name we should call your child/teach your child to write and recognize:

Is your child potty trained and wearing underpants? ___ Yes ___No ___In Process

Child lives with: _____

Siblings Names and Ages: _____

Is your child receiving (or currently being evaluated for) any intervention services (Help Me Grow, Speech and Hearing, IEP, etc) or has your child received services in the past? Please provide details.

Are there any habits, fears, or personality traits we should be aware of?

Previous group experience:

Briefly, please explain the primary goals you would like for your child to accomplish while attending A Great Start Preschool this school year.

Release Authorizations: Please list persons who are authorized to pick up your child from Preschool. Please include other preschool families whom you may be carpooling with. We ask that you notify the Preschool of any carpool schedule, and notify us as to who will be picking up your child each day if it is different than normal. Please remind these persons that we will ask for picture identification if we do not recognize them.

Does your child have any allergies or restrictions (food or other) or health conditions or limitations?

How could this affect your child at school? _____

What action would our staff need to take regarding these allergies/restrictions, health conditions, or limitations? If child is under doctor's care, if medication is required, or if action is required while your child is at school, additional forms may be required. _____

