



ASPEN CREEK ACADEMY

GROWING THE FUTURE

Child's Profile

The following information is to give your child's teacher an understanding of how to best serve your child. Some questions only fit certain ages. You are not required to answer any question that you feel invades you or your child's privacy.

Child's Name: _____

Nickname: _____

CHILD'S ACTIVITIES

Extra-Curricular Activities: _____

Regular Responsibilities at Home: _____

CHILD'S INTERESTS

Special Interests your child has: _____

Pets at home: _____

PERSONAL BACKGROUND

Fears or anxieties: _____

Steps our staff can take to calm those fears _____

Ethnic practices and/or holidays your family observes: _____

Child's Profile Continued

GOALS

Previous childcare arrangements your child has had in the past: _____

Previous difficulties with other centers that may be addressed by our center staff to better serve you: _____

Specific developmental areas that need our assistance: _____

Other information that would be helpful: _____

Please list any specific restrictions you want us to know about and support:

Please tell us any goals you are working on with your child: _____

FOR INFANT ROOM ONLY:

How often does your child take a bottle? _____

How many ounces do you put in his/her bottle? _____

Other instructions for eating (i.e. temperature of bottle, etc.)

How often does he/ she normally take a nap? _____

Other instructions for napping (i.e. how he/she likes to sleep, etc.)

Anything else you want us to know:

