



SAISD Learning Center
Individual Family Profile Form

Date of Admission _____

I. Child & Family Information

Child's Name _____ Gender M__F__ Age _____
Date of Birth _____ Race/Ethnic Origin _____

Parent's Marital Status: Single__Married__

*****Who has primary custody?** _____

If so, under what agreement can the child be released to a non-custodial parent. _____

Mother's Name _____ **Phone # 210-** _____
Cell _____

Home Address _____

Are you employed? Y__N__ (if yes)

Name of Employer _____ and Phone # _____

Father's Name _____ **Phone # 210-** _____
Cell _____

Home Address _____

Are you employed? Y__ N__ (if yes)

Name of Employer _____ and Phone # _____

II. Child's Physical Development

Birth Weight & Length _____

Full term delivery__ Caesarean delivery__

Premature birth__ How many weeks? _____

1. Were there any special techniques or conditions during or after delivery, i.e. instruments used to assist birth, etc.? If so, describe: _____

2. What was the condition of the baby immediately after birth?

3. At what age did your child meet the skills/events in his/her physical development?

Crawled_____ Sat Alone_____ First Tooth_____

Walked_____ First Word_____ First Three-Word Sentence_____

4. List other special first skills you have noticed? _____

List any concerns you might have about your child's physical development?



III. Child's Social Development & Experiences

1. Has your child ever been exposed to a group situation? Y__N__
Church group/Sunday school____ Play group____ Neighbor children____
Another child care center____
Home Child Care: In child's home____ In caregiver's home____
Length of time enrolled____
If yes, how did your child play while in the group? _____

2. What are your child's favorite toys, activities, places to go and games to play?

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3. What activities do you do at home with your child and family that you would like to see done in your child's classroom? _____

4. What holidays or family events do you celebrate in your home?

5. What is your child's primary language at home? _____

IV. Eating Habits

1. Is your child currently being breast-fed? Y__ N__ If yes, speak with Director or teachers so we can meet you and your child's feeding needs.
2. If bottle-fed, what kind of formula do you use? _____
3. Does your child eat solid foods? _____
4. How do you know your child is hungry? _____
5. Does your child eat with the family? _____
6. What utensils does your child use when eating? _____

V. Sleeping Habits

1. Does your child sleep alone? Y__N__
If not, with whom _____
2. Does your child have any sleeping problems? Y__ N__
If so, please explain? _____

VI. Bowel/Bladder control & Toileting

1. How many wet diapers does your child have during the day? _____
2. How many bowel movements does your child have during the day? _____
3. Is your child ready to use the toilet? Y__ N__



If yes, why do you think he/she is ready? _____
If yes, what words do you and your child use? _____

VII. Emotional Development/ Behaviors

1. How do you tell your child to stop a behavior that you don't approve of?

2. What makes your child upset?

3. When your child is upset, what makes him/her to calm down?

4. Does your child recognize familiar faces, objects? Y___ N___
5. Does your child enjoy interaction with people? Y___ N___
6. Does your child have any fears? Y___ N___ If so, explain how do you handle it?

7. Are there any special routines that are helpful to prepare your child for nap time?

8. Have there been any recent hospitalizations, deaths in family, separation from parents or other situation that might affect your child's adjustment here at the center? If so, explain
