



DARTMOUTH  
COLLEGE  
CHILD CARE  
CENTER

## DCCCC Child Profile for All Classrooms

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Information about children and their families obtained on forms or by staff members during conferences, interviews, home visits, etc., is confidential and is gathered solely for the purpose of assisting in understanding and caring for your child.

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What name for your child would you like used at the Center? \_\_\_\_\_

What are your pronoun preferences for your child? \_\_\_\_\_

Parent/Guardian Name:	
Preferred Pronouns:	
Nationality:	
Child's Name for this Adult:	
Education/Career Background:	
Current Occupation:	

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## Family and Home

Parents are (choose one):	Living Together	Separated	Divorced
With whom does the child live?			
What other adults are in the household?			
Have there been any recent changes in family composition?			

<i>Sibling's Name</i>	<i>Sibling's Date of Birth</i>	<i>Sibling's Preferred Pronouns</i>
How would you describe your child's relationship with siblings?		

Is there any other information about family (illness, death, divorce, other trauma) that you would like to share to help us better understand your child?
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How long has your child lived in the community?	In your present home?
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Is your child being raised in a particular religious faith? In what ways do you observe your religion or culture?
Which special days are celebrated in your family?
How would you like to see your culture reflected and supported at DCCCC?
What could you share in a classroom visit?

What languages are spoken at home?

What languages does your child speak?

If English is a second language for your child, what can the Center do to support your child's language acquisition?

Has your child been cared for outside the home before?

At what age?

In what setting?

Child's reaction:

Has your child had other experiences away from home and family?

How does your child typically respond to adults from outside the family?

How do you think your child will react to the initial transition to DCCCC, and how can we help make this a positive experience?

Are there pets in your household?

If yes, tell us about them.

Does your child have any particular fears?

What activities does your child particularly enjoy?

With whom does your child usually play at home?

Does your child have imaginary friends? Please describe.

If a preference has been shown, is your child left or right-handed?

## Health

What is your back-up child care if your child is too ill to attend DCCCC?

Has your child had any health problems? Please describe.

Has your child been hospitalized or had any serious accidents?

Is there anything in your family's health history that would give us useful information in caring for your child?

## Food Habits

Does your child have food allergies, sensitivities, or are there foods we should not feed your child? (Note: food restrictions will be posted)

How would you describe your child's appetite?

Do you have any concerns about your child's appetite?

What foods does your child particularly like?

Dislike?

What are typical snack foods for your child?

## Sleep Routines

Does your child nap?

For how long?

From when to when?

At night, from when to when does your child sleep?

Does your child have their own room? If sharing, with whom?

Does your child have a security object (blanket, pacifier, toy)? If so, tell us about it.

Does your child sleep through the night?

Does your child have any nighttime fears? If so, tell us about them.

What helps your child settle down to sleep?

Other information?

## Toileting

Is your child trained for urination? For bowel movements?

Does your child wear a diaper: at nap? At night? Wet the bed at night?

What words does your child use for urination?

What words does your child use for bowel movements?

What help is your child likely to need with toileting?

## Child Guidance

How would you describe your child's temperament?

Please describe your child guidance techniques:

What are the typical behavioral issues with your child?

How do you typically discipline your child?

Are you satisfied with your disciplinary technique?

How do parents/guardians differ in their disciplinary approach or success?

When your child is upset, how do you help them to calm down?

## Your Child as an Individual

What qualities do you most admire in your child?

Are there qualities you hope your child will develop?

How would you describe your child's approach to learning and your child's developmental needs?

What learning topics and activities interest you and your child?

What, in your mind, is the most important thing we should understand about your child?

What would you most like our program to provide for your child?

What other information would you like us to have?

Parent/Guardian Signature: \_\_\_\_\_