



## Child Information Profile

Thank you for taking the time to complete this developmental profile history regarding your child. This valuable information will help the school and your teacher understand your child better, in addition to creating and developing social, emotional, developmental, and academic goals for the classroom and your child specifically. All information provided will be held in strict confidence by all staff. Should you have questions about this form please contact the school at 843.971.5961.

### ***I: Child and Family Information***

First Name	Last Name	Nickname	Age	Program	Date of Birth	Ethnicity
Person Completing Form			Relationship		Today's Date	
Parent/Guardian			Home Phone		Work Phone	Cell Phone
Email Address						
Street Address			City	State	Zip Code	
Parent/Guardian			Home Phone		Work Phone	Cell Phone
Email Address						
Best Method of Contact (Please check):    ___ Home    ___ Cell    ___ Work    ___ Email						
Address (If Different From Above)			City	State	Zip Code	
Child's Birthplace				Adopted ___ Yes    ___ No		Age of Adoption
Other Languages Spoken in the Home:						
Child Resides with:						
Please include any custody issues:						
Please list siblings and ages:						



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### ***II: Child Social, Emotional, and Developmental Information***

Please describe your child's personal interests, strengths, and hobbies
Are there any developmental concerns related to speech, learning, motor, etc. that you wish the school to be aware of?
Any medical issues or prior hospitalizations?
Is your child receiving developmental, special education, or psychological services outside of school to assist with any developmental issues? <b>If yes</b> , please explain. <b>Copies of IFSP, IEP, evaluation, etc. will be kept confidential.</b>
Are there any religious, personal, or social issues that you wish to make the teachers aware of to better understand your child or to be sensitive of in the classroom?
Please describe child's present temperament (e.g., active, irritable, stubborn, sensitive, withdrawn, shy, etc.)
Is your child presently taking any medications? If yes, please list.
Any notable side effects from medication that the school should be aware of?
Does your child have food allergies? If yes, please list* <b>Please note that all DIA allergy forms must be completed and submitted prior to enrollment (see front desk)</b>
Does your child have any food exceptions based upon dietary preference or religious beliefs?
Please include anything that you wish for the school to understand about your child and your goals for their learning experiences?