Aspen Child Development Center at Heritage Lakes
Toddler/Preschool Child Profile

Child's Name:_____ Nickname: _____

We would like to get to know your child better!

Does your child have any allergies? ____ No ____ Yes (if yes, please list):_____

_____

Are there any special medical needs we should be aware of? _____

_____

Are there any special foods or dietary instructions? _____

_____

Does he/she use the toilet alone? ___ yes ___ no
Does he/she button, snap, zip clothing? ___ yes ___ no
Does he/she use words to indicate wants or needs? ___ yes ___ no
Does he/she feed him/herself with utensils? ___ yes ___ no
Does he/she take off/put on his/her own shoes? ___ yes ___ no

How well does your child communicate his/her bathroom needs? _____

Is there anything that scares your child? _____

_____

What does your child enjoy? _____

_____

_____

Are there any special customs or requests regarding your child's care? (We will do our best to comply with your requests regarding your child's care, ensuring that we comply with licensing standards at all times.) _____

_____

_____

Do you have any additional information such as child's communication, comforting routines, discipline and so on that you would like to share with us regarding your child?

_____

_____

_____

_____