

**Loma Linda Academy Children's Center
A Seventh-day Adventist Facility**

FAMILY & CHILD PROFILE

Child's Name: _____

Nickname: _____

A. Tell Us About Your Family

Are parents/guardians: Married Divorced Separated Widowed Single Parent

Other – Explain _____

With whom does the child live? Mother Father Sibling Grandparents

Other – Explain _____

Please list names and ages of siblings: _____

Do any siblings attend any of the other LLA campuses; if yes please list siblings name and which campus they attend:

Are there family dynamics, traumas, losses or changes that have occurred that may affect your child or raise concerns in your child's mind? _____

B. Allergy/Dietary Concerns

Does your child have any dietary restrictions for medical reasons? _____

If yes, please list and explain _____

Does your child have severe allergies (ex. Bee stings, insect bites, and other) that require an Epi-Pen or Benadryl? _____

If yes, please explain _____

C. Religion

What are your religious affiliations? _____

What holidays does your family observe? Would you be willing to share your holiday traditions with your child's class? _____

Are there foods you would prefer your child not be fed for reasons of religious or cultural preference? _____

D. Language

Is a language other than English the primary language spoken in your home? If so, please list language(s) you speak at home. _____

Does your child understand and speak English? _____

E. Tell Us About Your Child

What activities do you especially enjoy doing with your child? _____

What situations are likely to be stressful to your child? _____

Does your child have any fears? (i.e. darkness, storms, animals, etc.) Any nightmares? _____

How is your child best comforted? _____

How would you describe your child's temperament? (Quiet, active, moody, etc.) _____

What method of discipline do you use with your child? _____

Does your child initiate activities or does he or she prefer to wait for others to initiate activities?

Does your child stay with activities a long time or tends to lose interest quickly and move to something else? _____

**Toddlers and Preschoolers – Continue to Section F and G.
Infants – Skip Section F and Continue to Section G.**

F. Tell Us About Your Toddler and Preschool-Aged Child

How does your child usually react to new situations? Is he or she shy, outgoing, cautious?

Does your child often do things independently? _____

Is your child potty trained? (please check) Fully _____ Mostly _____ Somewhat _____
Not at all _____

How does your child get along with siblings and/or friends? _____

Does your child tend to make friends with: Own Age Younger Older Adults

How does your child react to unfamiliar people? _____

If previously enrolled in another preschool, how was your child doing scholastically and behaviorally? _____

Please circle. Feel free to elaborate below.

Separation Anxiety	High	Average	Below Average
Sense of independence	High	Average	Below Average
Great sense of self	High	Average	Below Average
Makes friends/social interaction	High	Average	Below Average
Confidence in physical skills	High	Average	Below Average
Interest in art activities	High	Average	Below Average

G. Tell Us About Your Infant/Toddler/Preschool Child

Does your child generally sleep well? _____

What is your child's current sleep schedule? _____

Where does your child generally sleep? _____

Has your child previously been in family day care, a center, or another preschool experience?
Please describe _____

Is there anything else we should know about your child? _____

