



Child & Family Profile

Child's Name	Sex:	Birthdate (MM/DD/YYYY):	Age:
Name of Child's School (if applicable):		Child's School Grade Level (if applicable):	
Type of Care:		Family Status: () Military () Civilian () DOD	
Parent Name			
Cellphone:		Home phone:	
Home Address			
Email Address			
Duty Station/Place of Employment			
Parent Name			
Cellphone:		Home phone:	
Home Address			
Email Address			
Duty Station/Place of Employment			
Siblings: () yes () No		Language(s) at Home	
PERMISSION STATEMENTS: RELEASES, PERMISSIONS, AND ACKNOWLEDGES			
<p><i>Hold Harmless Release:</i> I agree to release and hold harmless the Provider <u>Karina Rubio De Quiles</u>, against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any childcare activity, use of facilities and/or equipment including any loss or damage to property, any injury of any person. Signature/Date: _____</p>			
<p><i>Media Release:</i> I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the Childcare Program without further permission from me—photographs, video, and audio recordings. Signature/Date: _____</p>			

Topical Non-Prescription Product Application Permission: I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for Child care Provider Karina Rubio de Quiles to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc.

Signature/Date: _____

Field Trip/Transportation Acknowledgement: I acknowledge that field trips are an important part of the Child Care Program because they enhance my child's experience, field trips may include walking in the immediate home surroundings (infants may be transported in a buggy/stroller). Some preschool trips may require vehicle transportation

Signature/Date: _____

Acknowledgement: By signing I acknowledge the Parent Agreement and all State Documents are available to read at www.creativelittlemind.com, I have received and understand the policies contained in the Parent Agreement and Parent Handbook.

Signature/Date: _____

TELL US ABOUT YOUR CHILD

Siblings & Ages:

Child's communication skills (e.g., how does your child tell you what he/she wants, special words used to describe needs, etc.)

Child's motor skills (e.g., how does your child get from one place to another; crawling, scooting, roll, walk, run, is there a skill that your child is working on, etc.)

Child's selfhelp skills (e.g., what can s/he do by her/himself, help with dressing, washing, eating, putting on shoes, putting toys away, etc.).

Child's experience with other children (e.g., is this your child's first group experience, do children come to visit, are there friends in the neighborhood, etc.)

What does your child like to do during the day (e.g. favorite activities, songs, toys, etc.).

Many families wonder about how their child is growing or learning compared to other children in the same age. Is there anything that you wonder about how your child is growing or learning?

DAILY ROUTINES

Child's toileting needs (e.g., toilet training, reminders needed, special words, etc.).

Does your child have any birthmarks or other identifiable markings the staff should be aware of? If so, where are they located?

What signs does your child exhibit when he/she is tired and needs to sleep

Please describe your child's daily napping/sleeping routine (e.g., usual nap times, what helps child to fall asleep, etc.).

Describe how your child wakes up: (e.g., quickly, slowly, happy, etc.).

Please describe your child's eating (e.g., mealtimes, food likes/dislikes, dietary preferences restrictions, allergies, etc.)

INFANTS

Is your infant breastfed? Yes () or No ()

If your infant is not breastfeeding, what formula do you use?

Is your infant eating solid foods? Yes () or No ()

If yes, please list which ones, including any finger food: