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## PERSONAL INFORMATION PROFILE

The purpose of securing background and developmental information about your child is to help our staff better understand your child. Please be as honest as possible and feel free to attach a separate letter if necessary.

The following information is strictly confidential:

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

1. Who is in your immediate family? \_\_\_\_\_

\_\_\_\_\_

2. Ages of siblings? \_\_\_\_\_

3. How well does he/she get along with other children? \_\_\_\_\_

4. Any food allergies? \_\_\_\_\_

5. Any other allergies? \_\_\_\_\_

What was the reaction? \_\_\_\_\_

6. Any special food requirements? \_\_\_\_\_

7. Does your child take any medication on a daily basis? \_\_\_\_\_

If yes, what? \_\_\_\_\_

8. Does your child have any fears? \_\_\_\_\_

If yes, of what? \_\_\_\_\_

9. Does he/she have any difficulties in speaking or communicating? \_\_\_\_\_

\_\_\_\_\_

10. Which words describe your child? (Check all that apply)

- |                                      |  |  |                                      |
|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Calm        | <input type="checkbox"/> Fights Often    | <input type="checkbox"/> Gives In Easily | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Crying      | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Easily Angered  | <input type="checkbox"/> Cheerful    |
| <input type="checkbox"/> Whining     | <input type="checkbox"/> Wants Own Way   | <input type="checkbox"/> Happy           | <input type="checkbox"/> Stubborn    |
| <input type="checkbox"/> Quiet       | <input type="checkbox"/> Excitable       | <input type="checkbox"/> Active          | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Other _____ |  |  |                                      |

9. Which behavior do you consider the most difficult to deal with?

\_\_\_\_\_

10. What do you do about this behavior? \_\_\_\_\_

\_\_\_\_\_

11. What makes your child frustrated or upset? \_\_\_\_\_

12. What are your child's special interests/hobbies? \_\_\_\_\_

\_\_\_\_\_

13. Does your child have any needs requiring special attention? \_\_\_\_\_

\_\_\_\_\_

14. Do you have any special requests? \_\_\_\_\_

15. Please list any additional information (e.g. learning difficulties, motor skills) that would be helpful for us to know. **PLEASE BE OPEN, HONEST AND THOROUGH.** We would like to be consistent between home and the center in dealing with any specific situation your child might encounter.

\_\_\_\_\_

\_\_\_\_\_

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