Child Portrait

Please complete and return to the center by your child's first day of attendance. This will assist staff in getting acquainted with your child and in helping your child adjust.

Date: _____ Person completing form: _____

Child's Name: _____

Children in Family/Household	**Children's ages**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Others in Family/Household	**Relationship**	**Occupation**
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

1. Does your child prefer playing alone? _____ with other children? _____ List names of favorite playmates:

_____

2. What is your child's most favorite toy? _____

Most favorite activity? _____

3. List your child's pets _____

Names of pets? _____

4. Has your child attended any children's groups such as Day Care? _____ Sunday School? _____

Vacation Bible School? _____ Nursery School? _____ Other? _____

5. What method of control, discipline, teaching do you find most effective? _____

_____

_____

_____

_____

6. Is there anything in particular which frightens your child? _____

_____

_____

7. Has your child had severely upsetting experiences such as divorce of parents, death in family, frequent or recent moves, etc? _____

_____

What were his/her reactions? _____

_____

8. As a rule, is your child's appetite excellent? _____ good? _____ fair? _____ poor? _____

9. List foods not allowed to eat _____

10. Favorite foods _____

11. Disliked foods _____

12. Is toilet control established at daytime? _____ during night? _____

13. How does your child indicate need for urination? _____

bowel movement? _____

14. Describe any difficulties observed with your child's:

Hearing _____

Vision _____

Other _____

15. What is your child's race (optional) ?_____

16. Other information you feel might be helpful in working with your child in the center (including but not limiting cultural customs, home languages, religious observances, ethnicity, etc.): _____

_____

_____

_____

_____

_____

_____