

Confidential Profile

(Please return this form to camp prior to the start of the school year. It is extremely valuable to the professionals who teach your children.)

Student's Name _____ Nickname _____ DOB: _____

Family and Home:

There is no one more important to the child than the people in their family. Letting us know about these special people in your child's life, and what is important at home to make them more comfortable here, will help us be more responsive to your child.

1. Who lives at home? Mother___ Father___ Sister(s)___ Brother(s)___ Other___
 2. If either parent does not live with your child, please describe your child's relationship with that parent: _____
 3. Are there other significant people in your child's life you would like for us to be aware?

 4. Is there more than one language spoken in your home? Yes No
 - a. If yes, what language? _____
 - b. Spoken by whom? _____
 5. Address: _____ Home phone: _____
- Father's Cell: _____ Father's Work Phone: _____
- Mother's Cell: _____ Mother's Work Phone: _____

Child's Feeding Pattern

1. How often? _____
 2. How does child tell you they are hungry? _____
 3. Formula/Milk:
 - a. I will supply my own formula Type/brand of baby formula used? _____
 - b. My child is breast fed. I will bring breast milk I will nurse at Jewish ELC
 4. My child drinks from a bottle Drinks from a cup How often? _____
 - a. Liquids: Warm Cold Room Temperature
 5. Infants: What baby foods/solids does your child eat? _____

- Food allergies: _____
- Appetite: _____
- Food Dislikes: _____
- Food Preferences: _____
6. Medications:

Taken out of school hours: _____

Taken during school hours: _____

Child's Sleeping Pattern

1. Usual nap times _____
2. Does your child use a comfort object at naptime? Yes No If yes, what? _____
 - a. What is your child's word for:
Bottle _____
Blanket _____
Pacifier _____
Stuffed animal _____
3. How do you help your child go to sleep? Rocking Back Rub
 - a. Child lays down by himself/herself Other _____
4. Child sleeps on: Back Side

Child's Social Development

1. How do you rate your child with his/her peers? _____

2. What is your child's attitude towards adults? _____

3. How much time does child spend with each parent? _____

4. What types of activities does your child enjoy? _____

5. Who administers discipline and what form? _____

Child's Emotional Development

1. Have there been or are there any outstanding fears? _____

2. Has there been stuttering, thumb sucking, nail biting, hair twisting? _____
3. If yes, have any corrective measures been taken? _____

Experiences

1. Previous group experiences: _____

2. Reaction of child when away from parents for any length of time: _____

3. Is there any additional information you would like us to know that would help us get to know or understand your child better? _____

Parent/Guardian Signature

Date