

HOPE CHILDREN'S CENTER
20__ - 20__ SCHOOL YEAR PROFILE SHEET

Child's full name: _____ Gender: M F

Preferred name to be called at school: _____

Mom Dad Guardian Name & occupation/interests:

Mom Dad Guardian Name & occupation/interests:

Is your family a member of Hope Presbyterian Church? Yes No

School District you reside in _____

	Name	Date of Birth	Gender	
Siblings:	_____	_____	M	F
	_____	_____	M	F
	_____	_____	M	F

Has your child ever been separated from his/her parents before? If so, how did he/she do?

Has your child ever been with a group of children? If yes, where?

How would you characterize your child (shy, sensitive, easy-going, aggressive, etc.)?

Is there some recent incident in your child's life we should be aware of?

Child's favorite activities/toys:

Child's primary language/other languages:

Please list other pertinent information concerning your child that will be helpful to his or her teacher (include any speech, vision or hearing difficulties). If non, put N/A.