

CHILD PROFILE
TRINITY -FIRST WEEKDAY MINISTRIES

The purpose of this questionnaire is to provide your child's teacher with information that will be helpful as the child makes the adjustment to being in the weekday program and begins a new learning experience at Trinity-First.

Child's name _____ DOB _____

By what name is your child accustomed to being called? _____

Mother's name _____ Occupation _____
First and Last

Father's name _____ Occupation _____
First and Last

List brother and/or sisters, their names and ages.

Is your child toilet trained?

Does your child need assistance with toilet training?

How can we help?

What pets does your child have? Kind & Names

What is your child's favorite play activity?

What is your child's favorite book?

Which hand does your child seem to favor?

Has your child had a previous group or preschool experience? If so, where and when?

Does your child have an item that he/she is especially attached to, such as a pacifier, blanket, or special toy?

What is your child's napping schedule?

Does he/she cry easily?

Does your child have any special fears?

Are there any particular routines that would be helpful at nap time?

What position is most comfortable for your child when he/she is napping?

What languages do you use to speak to your child?

Father _____ Mother _____ Others _____

What is his/her primary language?

Other information that will help the teacher to have a better understanding of your child's interests and experiences, including any information that may affect the child's well being; such as an illness or death in the family, recent birth of a sibling, etc.

What needs do you hope the Trinity-First Weekday Ministries will meet for your child?

Ways in which you would like to share your god given talents and gifts with Trinity-First? (Musical or artistic talents, storytelling, organizational skills, office work, etc.)