

# ENROLLMENT REGISTRATION INFORMATION

## CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

You know your child better than anyone else, you have observed your child on a day to day basis. Please take a moment to complete this profile, this will give us a better idea on how to meet your child's individual needs.

1. What would you like most for your child to experience at Sunrise?

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. Does your child have any medical or physical needs? Explain:

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5. Does your child have any allergies? Explain:

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6. What foods does your child like best? \_\_\_\_\_  
Least? \_\_\_\_\_

7. How many hours of sleep does your child receive at night? \_\_\_\_\_

8. Does your child need to be awakened in the morning to attend school? \_\_\_\_\_

9. What are you child's sleeping arrangements? Check appropriate answer.

Own room  Shares room with \_\_\_\_\_  Sleeps in crib  Sleeps in bed

10. What are your child's bedtime rituals?

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11. Does your Child take naps?  Yes  No How long? \_\_\_\_\_

12. Does your child need a favorite item (such as a blanket) for nap?  Yes  No  
If so, does your child have a special name for it? \_\_\_\_\_

13. What words are used for toileting in your house? \_\_\_\_\_

14. How does your child express anger or react to frustration?

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15. Does your child have any fears we should know about?

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16. How does your child react to change, such as being left by a parent?

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17. How does your child comfort himself/herself?

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18. What are your child's play preferences (art, dress up, blocks etc.)?

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19. How do you discipline your child? \_\_\_\_\_

20. How would you describe your child's personality?

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21. Is there anything else that you would like us to know about your child?

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22. Has your child had previous child care experience? \_\_\_\_\_

23. Do you have any special interests or hobbies that you would like to share with the children?

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_