

Kinhaven School Family Profile

Please complete this form and return to the Kinhaven office. This “getting acquainted” document is essential to our success in supporting your child’s growth and in helping us make the next steps between home and school. Teachers refer to the *Family Profile* throughout their relationship with your youngster.

Kinhaven School seeks to create a caring and equitable community of engaged learners that honors the unique value and dignity of each child, family, and staff member. In our classrooms and programs, we are pursuing the goals of anti-bias education.

Date Completed: _____

Child’s Name: _____ **Nickname:** _____

Birthdate: _____ **Child’s Class:** _____

Allergies or Dietary Restrictions (include religious/cultural practices): _____

Language(s) Spoken at Home: _____

Child’s Proficiency with English: Native Strong Developing No Previous Exposure

Please describe the races, ethnicities, cultures, or heritage with which your family identifies: _____

Please list holidays and celebrations important to your family: _____

Please list all members of the child’s household:

Adults:

Siblings/Children:

Pets/Animals:

What three words describe your child’s temperament or personality?

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When upset: _____

When joyous: _____

1. **Has your child attended preschool or daycare prior to Kinhaven?** YES NO
If so, Where? _____

2. **Favorite indoor activities:** _____

Favorite outdoor activities: _____

3. **Reaction to new situations:** _____

4. **List any specific likes, dislikes, or fears:** _____

What upsets: _____ What soothes: _____

5. **Any special toy or object of comfort:** _____

6. **Takes naps?** Yes No **Approximate time and length:** _____

7. **Potty trained?** Yes No **If so, how does (s)he express bathroom needs?** _____

8. **Does your child feed him/herself?** Yes No _____

9. **Describe your parenting style including the type of behavior management techniques you use:** _____

10. **Does your child have any currently identified special needs?** Yes No
If no, do you have any concerns? _____

If yes, please describe needs and treatment plan or services (speech therapy, OT, etc): _____

11. **In what particular ways can we help your child and family this year? Share your hopes and expectations:** _____

12. **Tell us anything else we need to know to connect with your child and best support his/her growth:** _____

