

## 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:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_