

Kinhaven School Family Profile (Infant)

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: _____

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 do you want your child to call you? _____

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

1 / 2 / 3: _____

When upset: _____

When joyous: _____

1. **Has your child attended a childcare program prior to Kinhaven?** YES NO
If so, Where? _____

2. **Does your child show any interest in any specific indoor or outdoor activities:** _____

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

4. **List any specific likes, dislikes, or fears:** _____
What upsets: _____ What brings a laugh: _____

5. **Any special toy or object of comfort:** _____
What kind of soothing or comforting strategies do you use at home: _____

Do you use a pacifier? YES NO If so, what do you call the pacifier? _____

If yes, we offer the pacifier:
 On demand (anytime); Sleep routine; To soothe (just when upset); Other _____

6. **What is your child's current daytime sleep schedule?**

Time	Length
_____	_____
_____	_____
_____	_____
_____	_____

7. **Is there anything we should know about your child's diaper changing routine?** _____

Are they prone to rashes? YES NO
Do you apply diaper cream at every change? YES NO
Do they need to be fully dry before new diaper? YES NO

8. **Does your child drink breastmilk, formula or other milk?** _____

Type of milk	Time of day	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Are you following a feeding philosophy? _____

Have you introduced solids? YES NO

If yes, how many times a day are solids offered? _____

Describe your child's current daytime meal schedule _____

10. Did your child require any neonatal care? _____

If yes, please describe any continuing care plan we need to know: _____

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: _____

11. What strategies help your child feel safe with new caregivers? _____

How do you support your child through transitions? _____

12. Describe your parenting style including the type of behavior management techniques you (plan to) use: _____

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

14. Tell us anything else we need to know to connect with your child and best support their growth: _____
