

**Loma Linda Academy Children's Center  
A Seventh-day Adventist Facility**

**FAMILY & CHILD PROFILE**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

**A. Tell Us About Your Family**

Are parents/guardians:  Married  Divorced  Separated  Widowed  Single Parent

Other – Explain \_\_\_\_\_

With whom does the child live?  Mother  Father  Sibling  Grandparents

Other – Explain \_\_\_\_\_

Please list names and ages of siblings: \_\_\_\_\_

Do any siblings attend any of the other LLA campuses; if yes please list siblings name and which campus they attend:

\_\_\_\_\_

Are there family dynamics, traumas, losses or changes that have occurred that may affect your child or raise concerns in your child's mind? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Medical Concerns**

Does your child have any dietary restrictions for medical reasons? \_\_\_\_\_

If yes, please list and explain \_\_\_\_\_

\_\_\_\_\_

Does your child have severe allergies (ex. Bee stings, insect bites, and other) that require an Epi-Pen or Benadryl? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have asthma or any other condition that would require an inhaler or breathing treatments: \_\_\_\_\_

If yes, please list and explain \_\_\_\_\_

**C. Religion**

What are your religious affiliations? \_\_\_\_\_

What holidays does your family observe? Would you be willing to share your holiday traditions with your child's class? \_\_\_\_\_

Are there foods you would prefer your child not be fed for reasons of religious or cultural preference? \_\_\_\_\_

**D. Language**

Is a language other than English the primary language spoken in your home? If so, please list language(s) you speak at home. \_\_\_\_\_

Does your child understand and speak English? \_\_\_\_\_

**E. Tell Us About Your Child**

What activities do you especially enjoy doing with your child? \_\_\_\_\_

What situations are likely to be stressful to your child? \_\_\_\_\_

Does your child have any fears? (i.e. darkness, storms, animals, etc.) Any nightmares? \_\_\_\_\_

How is your child best comforted? \_\_\_\_\_

How would you describe your child's temperament? (Quiet, active, moody, etc.) \_\_\_\_\_

What method of discipline do you use with your child? \_\_\_\_\_

Does your child initiate activities or does he or she prefer to wait for others to initiate activities?

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Does your child stay with activities a long time or tends to lose interest quickly and move to something else? \_\_\_\_\_

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**Toddlers and Preschoolers – Continue to Section F and G.  
Infants – Skip Section F and Continue to Section G.**

**F. Tell Us About Your Toddler and Preschool-Aged Child**

How does your child usually react to new situations? Is he or she shy, outgoing, cautious?

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Does your child often do things independently? \_\_\_\_\_

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Is your child potty trained? (please check) Fully \_\_\_\_\_ Mostly \_\_\_\_\_ Somewhat \_\_\_\_\_  
Not at all \_\_\_\_\_

How does your child get along with siblings and/or friends? \_\_\_\_\_

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Does your child tend to make friends with:  Own Age  Younger  Older  Adults

How does your child react to unfamiliar people? \_\_\_\_\_

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If previously enrolled in another preschool, how was your child doing scholastically and behaviorally? \_\_\_\_\_

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Please circle. Feel free to elaborate below.

Separation Anxiety	High	Average	Below Average
Sense of independence	High	Average	Below Average
Great sense of self	High	Average	Below Average
Makes friends/social interaction	High	Average	Below Average
Confidence in physical skills	High	Average	Below Average
Interest in art activities	High	Average	Below Average

**G. Tell Us About Your Infant/Toddler/Preschool Child**

Does your child generally sleep well? \_\_\_\_\_  
\_\_\_\_\_

What is your child's current sleep schedule? \_\_\_\_\_  
\_\_\_\_\_

Where does your child generally sleep? \_\_\_\_\_  
\_\_\_\_\_

Has your child previously been in family day care, a center, or another preschool experience?  
Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_