



The Lighthouse MDO/Preschool  
3701 W. Spring Creek Pkwy, Plano, TX 75023  
972-208-4803

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

### **CHILD PROFILE**

1. Has your child had previous preschool/child care experiences: YES NO  
Explain \_\_\_\_\_  
\_\_\_\_\_
2. What would you like most for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any particular fears? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does your child play well with other children? YES NO NOT SURE
5. List the names and ages of other children in your family:  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child take a nap? YES \_\_\_\_\_ NO \_\_\_\_\_ How long? \_\_\_\_\_
7. What is the primary language spoken in your home? \_\_\_\_\_
8. FOR CHILDREN AGES 2-4:  
❖ Is your child potty trained? YES NO  
❖ If not, what stage is he/she in? \_\_\_\_\_
9. Does your child have any allergies? YES NO  
If YES, please explain in detail \_\_\_\_\_  
\_\_\_\_\_

