

**HOPE CHILDREN'S CENTER  
PROFILE SHEET 2010-2011 SCHOOL YEAR**

Child's full name: \_\_\_\_\_ Sex: M or F

Preferred name to be called at school: \_\_\_\_\_

Mother's name & occupation/interests: \_\_\_\_\_

\_\_\_\_\_

Father's name & occupation/interests: \_\_\_\_\_

\_\_\_\_\_

Is your family a member of Hope Presbyterian Church? Yes \_\_\_\_\_ No \_\_\_\_\_

School District you reside in \_\_\_\_\_

	Name	Date of Birth	Sex
Siblings:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Has your child ever been separated from his/her parents before? If so, how did he/she do?

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been with a group of children? If yes, where? \_\_\_\_\_

\_\_\_\_\_

How would you characterize your child (shy, sensitive, easy-going, aggressive, etc.)? \_\_\_\_\_

\_\_\_\_\_

Is there some recent incident in your child's life we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Child's favorite activities/toys: \_\_\_\_\_

\_\_\_\_\_

Child's primary language/other languages: \_\_\_\_\_

Please list other pertinent information concerning your child that will be helpful to his or her teacher (include any speech, vision or hearing difficulties): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_