



**Mountain Valley Lutheran Preschool  
Child- Family Profile  
2016-2017**

**Name of Child:** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Tell us a little bit about your child.**

**Are there any health concerns of which we need to be aware?** (e.g., premature birth, chronic conditions, etc.)

**List some strengths your child possesses.** (e.g., plays independently, likes to sing, is nurturing toward younger siblings, etc.)

**Share some examples of what helps the day go well in terms of behavior, communicating, eating, etc.**

**List some goals you have for your child's preschool experience.**

**Who are the members of your family?**

**What are some activities you do as a family?**

**Do you attend a church as a family? If so, what denomination are you?**

**Please include any information that you feel will help us work with your family in a positive way.**

**How and with whom would you like information about your child shared?**