

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

ALL ABOUT: \_\_\_\_\_  
Child's First Name or Nickname

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Provider/Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The information contained herein is for CONFIDENTIAL USE ONLY.

<b>THINGS MY CHILD DOES WELL</b>
<b>WHAT MY CHILD LIKES AND DISLIKES</b>
<b>THINGS I AM WORKING ON WITH MY CHILD</b>
<b>MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES</b>

<b>MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES</b>
<b>MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES</b>
<b>THINGS MY CHILD MIGHT NEED HELP WITH</b>
<b>WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?</b> <small>(For the use of the Child Care Facility when needed.)</small>

This information is intended for use by the child care provider, developed in cooperation with the parents. **THIS IS NOT INTENDED TO BE A LEGALLY BINDING CONTRACT.**

Signatures:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Updates:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Provider: \_\_\_\_\_