

**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.

**THINGS MY CHILD DOES WELL**

**WHAT MY CHILD LIKES ANDDISLIKES**

**THINGS I AM WORKING ON WITH MY CHILD**

**MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES**

**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES**

**MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES**

**THINGS MY CHILD MIGHT NEED HELP WITH**

**WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?**

(For the use of the Child Care Facility when needed.)

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: \_\_\_\_\_