

**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 AND DISLIKES**

**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: \_\_\_\_\_