

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

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

<b>Child's Name:</b>	<b>Birthdate:</b>	
<b>Parent/Guardian</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Address:</b>	<b>Zip Code:</b>	
<b>Provider/Center:</b>	<b>Phone:</b>	
<b>Address:</b>	<b>Zip Code:</b>	

The information contained herein is for **CONFIDENTIAL USE ONLY**

**THINGS MY CHILD DOES WELL**

**WHAT MY CHILD LIKED AND DISLIKES**

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

**MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES**

<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? (For the use of the Child care Facility when needed)</b>

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:**

<b>Parents/Guardian:</b> _____	<b>Date:</b> _____
<b>Provider:</b> _____	<b>Date:</b> _____

**Updates:**

<b>Parents/Guardian:</b> _____	<b>Dated:</b> _____	<b>Parents/Guardian:</b> _____	<b>Date:</b> _____
<b>Provider:</b> _____		<b>Provider:</b> _____	