

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

This 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>

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