

**DEPARTMENT OF HUMAN RESOURCES
Child Care Administration**

ALL ABOUT: _____
Child's First Name or Nickname

Child's Name:		Birthdate:
Parent/Guardian:	Telephone:	Work:
Address:		Zip:
Provider/Center:		Telephone:
Address:		Zip:

The information contained herein is for CONFIDENTIAL USE ONLY.

THINGS MY CHILD DOES WELL
WHAT MY CHILD LIKE 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 childcare 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: