

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

## Information on Child

Name of Child: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

1. Does the child sleep well? \_\_\_\_\_

2. How many hours per night does the child sleep? \_\_\_\_\_

3. Does the child dress and undress himself/herself? \_\_\_\_\_

4. What words does the child use when he/she needs to go to the bathroom? \_\_\_\_\_

\_\_\_\_\_

5. What is the child's favorite play activity? \_\_\_\_\_

\_\_\_\_\_

6. What are the child's favorite foods? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are there any foods that the child should not be allowed to eat for medical reasons? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Does the child have any special fears? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. How does the child prefer to be comforted? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Does the child have any problems that the caregiver should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date