

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** _____

Address: _____ **Zip** _____ **Work Phone** _____

Provider/Center: St. Jerome Child Center **Phone:** 301-699-1314

Address: 5300 43rd Ave, Hyattsville, MD 20781

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/OF 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: _____