

**DEPARTMENT OF HUMAN RESOURCES**

**Child Care Administration**

**ALL ABOUT:** \_\_\_\_\_

**Child's First Name or Nickname**

Child's Name : \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Gaurdian \_\_\_\_\_ Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Provider/Center: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

*The information contained herein is for CONFIDENTIAL USE ONLY*

**THINGS MY CHILD DOES WELL**

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**WHAT MY CHILD LIKES AND DISLIKES**

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

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**MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES**

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**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES**

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**MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES**

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**THINGS MY CHILD MIGHT NEED HELP WITH**

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**WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?**

**(For the use of the Child Care Facility when needed)**

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This information is intended for use by the child care provider, developed in cooperation with the parents. **THIS IS NOT INTNDED TO BE A LEGALLY BINDING CONTRACT**

Signatures:

Parent/Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

UPDATES:

Parent/Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Gaurc \_\_\_\_\_

Provider: \_\_\_\_\_ Provider: \_\_\_\_\_