

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**

Blank space for writing about things the child does well at.

**WHAT MY CHILD LIKES AND DISLIKES**

Blank space for writing about what the child likes and dislikes.

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

Blank space for writing about things the parent is working on with the child.

**MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES**

Blank space for writing about physical activities the child enjoys.

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