

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: New Carrollton Learning Center \_\_\_\_\_ Telephone: 301-577-1868

Address: 7823 Riverdale Rd, New Carrollton, Maryland \_\_\_\_\_ Zip: 20784

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