DEPARTMENT OF HUMAN RESOURCES

Child Care Administration

ALL ABOUT	i	<u> </u>		
	Child's First Name or Nick	name		
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				
	•			
WHAT MY CHILD LIKES AND DISLIKES				
	V.			
	HINGS I AM WORKING ON WITH	MY CHILD		
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MY CH	IILD ENJOYS THESE PHYSICA	IL ACTIVITIES		
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		BAY YOU TO TO THE
MY CHILD WILL NEED THE F	OLLOWING EQUIPMENT AND/C	OR ROUTINES
THINGS MY CH	HILD MIGHT NEED HELP WITH	And the state of t
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WHAT SPECIAL ADAPTATION	S.WILL THE PROGRAM MAKE	ATTHIS TIME2
The street of th	the Child Care Facility when needed)	
		•
This information is intended for use by the child care THIS IS NOT INTENDED TO BE A LEGALLY BINI	e provider, developed in cooperation DING CONTRACT.	with the parents.
Signatures:		
Parent/Guardian:		Date:
Provider:		Date:
Updates:		
Parent/Guardian: Date:	Parent/Guardian:	Date:
Provider:	Provider:	

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