



All About: _____
(Child's first name or nickname)

Child's Full Name: _____

Birth Date: _____

Things My Child Enjoys/Does Well
Things My Child Does Not Like/Needs Help With
My Child Has The Following Equipment/Routines/Plans(IEP/504)
What Special Adaptations Will The Program Make At This Time (For 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.**

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____