

DEPARTMENT OF HUMAN RESOURCES
Child Care Administration

ALL ABOUT: _____
(child's first name or nickname)

Child's name: _____ Birthdate: _____

Parent/Guardian: _____ Telephone #s: _____

Address: _____ Zipcode: _____

MY SECOND HOME of Owings Mills 410 902-1151

20 Pleasant Ridge Drive, Owings Mills, MD 21117

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 adaptations will the program make at this time?
(for the use of the childcare facility when needed)

This information is intended for use by the childcare provider, developed in cooperation with the parents. This is not intended to be a legally binding contract.

Signatures:

Parent/Guardian: _____ Date: _____
My Second Home _____ Date: _____

Updates:

Parent/Guardian: _____ Date: _____
My Second Home _____ Date: _____