



BEFORE & AFTER SCHOOL CHILD CARE PROGRAM

ALL ABOUT: _____

(Child's First Name or Nickname)

Please print clearly in blue or black ink.

CHILD INFORMATION		
TODAY'S DATE	DATE OF BIRTH (MM/DD/YYYY)	
CHILD'S NAME (LAST, FIRST, MIDDLE INITIAL)		
HOME ADDRESS	CITY, STATE, ZIP	
PARENT/GUARDIAN INFORMATION		
NAME:		
HOME PHONE NUMBER () -	WORK PHONE NUMBER () -	MOBILE PHONE NUMBER () -
EMAIL ADDRESS		
HOME ADDRESS (If different from Student's Home Address)		
The information contained herein is for CONFIDENTIAL USE ONLY		
WE CELEBRATE THE FOLLOWING HOLIDAYS		
<input type="checkbox"/> Rosh Hashanah <input type="checkbox"/> Yom Kippur <input type="checkbox"/> Grandparents Day <input type="checkbox"/> Halloween <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Hanukkah <input type="checkbox"/> Christmas <input type="checkbox"/> Kwanzaa	<input type="checkbox"/> New Year's Eve & Day <input type="checkbox"/> Martin Luther King, Jr. Day <input type="checkbox"/> Valentine's Day <input type="checkbox"/> St. Patrick's Day <input type="checkbox"/> Passover <input type="checkbox"/> Good Friday <input type="checkbox"/> Easter <input type="checkbox"/> Mother's Day	<input type="checkbox"/> Ramadan <input type="checkbox"/> Memorial Day <input type="checkbox"/> Father's Day <input type="checkbox"/> Independence Day <input type="checkbox"/> Birthdays <input type="checkbox"/> None of the listed holidays <input type="checkbox"/> All the listed holidays <input type="checkbox"/> Other: _____
THINGS MY CHILD DOES WELL		
THINGS MY CHILD LIKES AND DISLIKES		
LIKES	DISLIKES	

THINGS I'M WORKING ON WITH MY CHILD

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES

MY CHILD HAS AN IFSP/IEP AND WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES

THINGS MY CHILD MIGHT NEED HELP WITH

FOR CHILD CARE FACILITY USE

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.*

We occasionally take pictures and or videos of the children for projects, advertisement, and programs. We never post these on the internet.

- I hereby authorize Calvert County Public Schools Before & After School Child Care Program to use a photo and/or video of my child(ren), for child care purposes
- I do not authorize Calvert County Public Schools Before & After School Child Care Program to use a photo and/or video of my child(ren), for child care purposes.

PARENT/GUARDIAN SIGNATURE	DATE
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ANNUAL REVIEW

PARENT/GUARDIAN SIGNATURE	DATE
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PARENT/GUARDIAN SIGNATURE	DATE
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