

### BEST OF CARE

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

**Instructions:** This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Completing this Form: \_\_\_\_\_

What is your Preferred Method of Communication? \_\_\_\_\_

Provider/Center Name: \_\_\_\_\_

Has your child attended child care in the past?  Yes  No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) \_\_\_\_\_

What did you like most about your child's previous child care setting?

What did you like the least?

Other comments

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children?  Alone  Other Children

Does your child have a favorite toy or comfort object?  Yes  No

If yes, what? \_\_\_\_\_

What is your child's current sleep schedule?

Does your child fall asleep easily?  Yes  No

What is your child's mood upon waking?

Child's Name: \_\_\_\_\_

What does your child like? \_\_\_\_\_

What does your child dislike? \_\_\_\_\_

Special things you say or do to comfort your child are? \_\_\_\_\_

How do you know when your child is:

Happy? \_\_\_\_\_

Sad? \_\_\_\_\_

Mad? \_\_\_\_\_

Tired? \_\_\_\_\_

Other? \_\_\_\_\_

How does your child react when:

Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues?  Yes  No

If yes, please explain

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her?  Yes  No

If yes, please explain

Child's Name: \_\_\_\_\_

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date