

2024/2025

BEST OF CARE

This confidential 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

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 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 his/her mood upon waking?

What does your child like?

What does your child dislike?

CHILD'S NAME

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:

Does your child have any other special needs? 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:

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

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