

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?