

Best of Care Form

This form is confidential. This form will be used to help your preschool teacher support the growth and development of your child while creating a safe, nurturing, and healthy environment for all children at God's Garden Preschool. You will assist us in creating a positive experience for your child at God's Garden by providing complete information about your child below.

Instructions: This form is to be completed by a parent or guardian and must be on file at God's Garden on or before your child's first day of attendance at God's Garden. If additional space is needed, please attach additional sheets of paper. Please attach any additional paperwork that will help us provide the best of care for your child, including an Individualized Education Plan (IEP), Diagnosis of special needs, Evaluation conducted by a doctor or therapist, 504 Plan, etc.

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Address: _____

Has your child attended child care or preschool in the past? Yes _____ No _____

If yes, what type of setting(s) was your child in (child care center, In-home care, preschool, etc.)? _____

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

What did you like the least about your child's previous child care setting? _____

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

Who is important to your child? _____

Does your child to play alone or with other children? Alone _____ With other children _____

What does your child like? _____

What does your child dislike? _____

How does your child react when something unexpected happens? _____

Does your child have any health issues? Yes _____ No _____ If yes, please describe: _____

Does your child have any special needs? Yes _____ No _____ If yes, please describe: _____

Do you have any concerns about your child's growth and development (including social, emotional, physical, cognitive, language, health, etc.)? Yes _____ No _____ If yes, please describe: _____

Events at home often influence a child's behavior, including changes in the family such as a new sibling, separation, divorce, remarriage, moving to a new home, or the death of a loved one. Knowing about these events will help 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 describe: _____

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 Signature

Date