

## Best of Care Form

This confidential 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. 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(s)/Guardian(s) Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What do you want your child to be called at school? \_\_\_\_\_

Sibling Info – Please list names and ages of child's siblings: \_\_\_\_\_

Parents' Professions: \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Which language is your child's primary language? \_\_\_\_\_

Would you be willing to do a presentation or activity with your child's class? Yes \_\_\_\_\_ No \_\_\_\_\_

Family Pets: \_\_\_\_\_

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 is important to you about your child's care? \_\_\_\_\_

\_\_\_\_\_

Who is important to your child? \_\_\_\_\_

\_\_\_\_\_

Does your child like to play alone or with other children? Alone \_\_\_\_\_ With other children \_\_\_\_\_

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

\_\_\_\_\_

What activities does your child like to do? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite snack foods? \_\_\_\_\_

What is your child's favorite book? \_\_\_\_\_

What is your child's favorite song? \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Please include food, animal or other allergies we should be aware of: \_\_\_\_\_

\_\_\_\_\_

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 that you feel would help us create a positive environment and relationship with your child? \_\_\_\_\_

\_\_\_\_\_

What goals do you have for your child this year? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date