

routine form

To enable our early learning professionals to provide an appropriate routine for your child, it is important we have as much information about your child as possible.

General Information

Child's name: _____ Date of birth: / /

Does your child have a comforter? No Yes If Yes, please provide details: _____

The things your child enjoys doing includes: _____

Songs your child enjoys singing: _____

Does your child have any known fears? No Yes If Yes, please provide details: _____

Feeding (if applicable)

Is your child currently on formula, milk or breast milk? Formula Milk Breast Milk

What are your child's feeding times? 1. _____ 2. _____ 3. _____ 4. _____

Does your child like to be nursed when feeding? No Yes

Does your child have his or her milk warm? No Yes

Does your child have reflux or any other feeding concerns? No Yes If Yes, please provide details: _____

Eating

Does your child have any dietary restrictions or allergies? No Yes If Yes, please ask your Centre Director for a Medical Management Plan

Does your child like to feed themselves? No Yes

Does your child have a small, medium or large appetite? Small Medium Large

Toileting

Is your child: In nappies? Toilet trained? Toilet training?

If your child is toilet training, please provide details to assist us with toilet training at the centre: _____

Sleeping and resting

Please indicate the usual times your child sleeps throughout the day.

Sleep 1. From: To:

Sleep 2. From: To:

Sleep 3. From: To:

How does your child go to sleep? _____

Does your child have a comforter to go to sleep? No Yes If Yes, please provide details: _____