

Routine record for _____ (Complete only if required)

Milk Feeding routine:	Breast fed	Bottle fed		Both
Contents of bottles?	Breast milk	Formula	Cows	Other:
How much per bottle?				
How often?				

Other food/liquid routines:

Have we been advised of any food allergies: Yes No

Sleep routine:	Cot	Bunk	Bed	
	On side	On back	Wrapped	Independent

What are your child's sleep patterns?

Fatigue signs?

Comforters?

Nappy routine:	Disposables	Cloth	N/A - toileting
Nappy cream?	Every change	No	If needed

Other toileting information:

I hereby agree to keep a supply of nappies and wipes at the centre for my child at all times.

Other routines:

Do you provide your own sunscreen for your child? Yes No

Child Interests and other information:

Parent/Guardian Signature: _____ **Date:** _____