

Prospect Community Child Care Centre Inc
Daily Routine – Big Room

My name is _____ and I was born on _____
My parent's names are: _____

I will need to sleep at Child Care? Yes / No I will need to rest at Child Care Yes / No

I normally sleep from _____ to _____

I sleep with a comforter Yes / No If yes please specify _____

I have a bottle before sleep Yes / No

I have the following sleep needs: _____

Nappy/toileting needs

I wear a nappy Yes / No

I am toileting but will need a nappy for sleep Yes / No

I am able to toilet self Yes / No

Any other nappy/toileting needs _____

I have _____ bottles during the day

My bottle times are _____

My favourite vegies are _____

My favourite fruits are _____

My favourite foods are _____

Any allergies or special dietary requirements? (if your child suffers from allergies we require a health care plan is required from your medical practitioner) _____

Any other comments _____

Signed by: _____

Date: _____