

Prospect Community Child Care Centre Inc
Daily Routine – Nursery

Date form completed:

My name is _____ and I was born on _____

My parent(s) names are _____

During the day I have _____ sleeps

Morning from _____ to _____ Morning from _____ to _____

Afternoon from _____ to _____ Afternoon from _____ to _____

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

I have a bottle before sleep Yes / No

I sleep on my back / side / tummy _____

Helpful hints to help me sleep _____

I have _____ bottles during the day which is breast milk / formula (please specify)

My bottle times are _____

I have started on solid foods Yes / No They are _____

(Please notify caregivers of any new foods introduced)

My favourite vegies are _____

My favourite fruits are _____

My favourite foods are _____



I drink water Yes / No (Boiled water for under 12 months)

Any dietary allergies or intolerances and reaction (For allergies a health care plan is required)

Any other comments _____