

Beechworth Community Child Care Centre

Information on routines and care needs for babies

Child's First Name:

Date of Birth:

Personal Interests of your child:

Likes or dislikes/fears: (eg. Likes playing in sand, doesn't like loud noises.)

Favourite toy(s)/comfort items:

Favourite foods:

Care needs:

Any health issues eg. Allergies, medical conditions, regular medications your child may be taking, or any other relevant information:

Physical needs:

Sleep patterns - how many sleeps per day?

How long does your child normally sleep for?

Do they take any comfort toys/dummies to bed?

Dietary needs - any allergies or intolerances?

Is your child drinking formula? If so, how many bottles each day? And at what times usually?

Is your child being breastfed?
Do you want to be contacted?

Is your child drinking milk yet?

Toileting needs - nappies?

Toilet training?

Anything else of significance that we may need to know while caring for your child:

Thankyou for taking the time to complete this form. Please keep us informed and updated of any changes to the information here.
Nursery staff.