

Information for My Educators

Child's name:

Child's Birthdate:

Does your child drink:	Cow's milk	Formula
Describe your child's current feeding schedule:		
Does your child have any feeding difficulties? (i.e. colic, reflux etc) If so, please describe:	Yes	No
If your child has a general daily routine, please give a brief outline (inc. times of meals and sleeps as well as details of daytime naps, e.g. on bed/cot, quiet room/music or other noises etc):		
Does your child usually sleep through the night?	Yes	No
Does your child require any comforters or a specific routine to sleep? If so, please describe:	Yes	No
Does your child have any distinguishing marks or features? (i.e. Strawberry mark, Mongolian spot, Storkbite etc) If so, please describe:		
Does your child have any fears or anxieties? If so, please describe:		
What interests is your child currently displaying?		

