## 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:	Yes	No	
Does your child have any fears or anxieties?	Yes	No	
If so, please describe:			
What interests is your child currently displayi	ing?		

Is your child toilet trained?	Yes	No	
Does your child have any known allergies? If so, please describe:	Yes	No	
Does your child have special dietary needs? If so, please describe:	Yes	No	
What foods does your child particularly like?			
What roods does your child particularly like:			
Briefly describe any cultural/family traditions that you may celebrate and, if applicable, how you do so:			
Please use the space provided to add any further comments about your child that you feel may be able to understand him/her better.			