**Children’s Entry Records**

General information about your child. Please answer these questions in as much detail as possible. This will help us get to know him/her and help them settle in quickly.

Childs name:

Date:

|  |
| --- |
| Does your child require any milk feeds during their session? If yes which milk and at what times? |
| Does your child drink juice? If yea which juice(please do not we do not supply juice) |
| What are your child’s favourite foods? |
| Does your child have a sleep throughout the day? If yes at what times?  |
| How does your child go to sleep? Does your child have a comforter? |
| What are your child’s favourite songs and rhymes? |
| What are your child’s favourite games? |
| Is there any other information we should know about your child?  |

Please fill in the routine table below, this is to allow us to have some insight to your child’s daily routine at home.

|  |
| --- |
| 7:00am |
| 8:00am |
| 9:00am |
| 10:00am |
| 11:00am |
| 12:00pm |
| 1:00pm |
| 2:00pm |
| 3:00pm |
| 4:00pm |
| 5:00pm |
| 6:00pm |
| 7:00pm |
| 8:00pm  |

Please make any additional notes bellow that you think may be important about your child’s daily routine.