



# Crèche Daily Routine

Information to Help staff care for your child  
(Children aged 3 months to 3 years)

Childs Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

## Meal Routine

Does your child usually eat (please circle if appropriate to your child)

Morning Tea

Lunch

Afternoon tea

Not yet eating solids

Food to be provided by (Please Circle)

Parents

Crèche

Are there any foods your child does not eat due to religious or health reasons? YES / NO  
Please specify if yes \_\_\_\_\_

Are there any special feeding requirements? YES / NO  
Please specify if yes \_\_\_\_\_

Your child usually drinks from a (please circle)

Cup

Trainer Cup

Bottle

Breast

Type of Liquid in Bottle (Please circle)

Breast Milk

Formula

Cows Milk

Juice

Please indicate approximate times bottle to be given

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

## Sleeping Routine

Does your child sleep during the day? YES / NO

Details of rest times: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Does your child have a security item? YES / NO (Please Circle below if YES)

Soft Toy

Dummy

Blanket

Other \_\_\_\_\_

Is there any other important information we may need to know when caring for your child?

\_\_\_\_\_