



## Parent to complete

Child's Name \_\_\_\_\_ age \_\_\_\_\_

Date \_\_\_\_\_ Arrival time \_\_\_\_\_ Approx depart \_\_\_\_\_

Parent contact number \_\_\_\_\_

Have you signed your child in?

Has your child had medication in the last 24 hours?  
 Yes Time: \_\_\_\_\_ No

What/why?  
 \_\_\_\_\_

*Please complete a medication form if medication is required today*

Breakfast  **OR** morning tea required

Farax muesli farax Weetbix Toast

(5-6 months) (7-9 months) (7-9 + months)

Please note breakfast this is served prior to 8:10am

**Bottles only** yes no

Number of **bottles** brought from home \_\_\_\_\_

Formula cows milk breast milk

### Bottles to be given at the following times

\_\_\_\_\_

### Meals- please circle one

**Puree-** fruit & veg fruit & veg & meat

**Semi puree -** fruit & veg fruit & veg & meat

**Normal meals -** fruit & veg & meat

### Allergies/diet restrictions-

\_\_\_\_\_

### Today's sleep times are

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Parents please apply sunscreen on or before arrival** Done

Parent comment/ comforter \_\_\_\_\_

\_\_\_\_\_

## Team to complete

	serves	menu
Breakfast Time-		
AM snack Time-		
Lunch Time-		
PM tea Time-		

### Fluids

time	Water/milk	mls left

### Water provided throughout the day

### Sleep times

1. \_\_\_\_\_ to \_\_\_\_\_

2. \_\_\_\_\_ to \_\_\_\_\_

3. \_\_\_\_\_ to \_\_\_\_\_

### Nappy Changes

time	wet	soiled	dry	Changed by	comment

Sunscreen applied  Sunscreen reapplied

Supervisor signature \_\_\_\_\_ time \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_