



Individual Nursery Routine

Child's Name: _____ **Age:** _____

Attendance: Monday Tuesday Wednesday Thursday Friday

Breakfast: Farex Weetbix Toast

Please indicate by circling, which liquid your child's cereal is to be made with:

 Formula Water Soy Milk Cow's Milk

Meals: Formula Breast Milk Puree Solid Foods

Does your child have any dietary restrictions/allergies or medical conditions? _____

Please provide details _____

Bottle times throughout the day _____

Routine sleep times _____

Does your child have a comforter? (Note: comforters including soft toys, blankets and mini blankets will not be placed in cots re SIDS recommendations and centre policy) _____

Parents Name/s: _____

Date: _____

Signature: _____

Please complete your child's 'daily nursery form' on arrival and collect daily. Please remember to keep us informed of any changes to your child's needs/routine.