



## Snails (0-2's) Day Sheet

By filling out the information below we can ensure that all of your child's needs are met by us throughout their day at Cath's Kindy. If any of your child's routines changes, please ask staff for another of these forms so that we can keep all of our information up to date.

Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

### Feeding Requirements

Breast Fed:  Yes  No (Please ✓)      Expressing:  Yes  No (Please ✓)

Bottle Fed:  Yes  No (Please ✓)      Formula:  Yes  No (Please ✓)

How many bottles per day (approx)?: \_\_\_\_\_ At approximately what times?: \_\_\_\_\_

How many mls of water per bottle?: \_\_\_\_\_ How many scoops of formula?: \_\_\_\_\_

Bottles will be heated up by microwave. Are you in agreeance with this  Yes  No (Please ✓)

If no, please provide a bottle warmer to be used whilst your child is in our care.

Will you provide bottles already made up?:  Yes  No (Please ✓)

Will you provide bottles and formula for us to make up?:  Yes  No (Please ✓)

(If providing bottles and formula please ensure enough bottles are provided for the whole day)

Please bring in a lunchbox daily with morning tea (fruit based), lunch and afternoon tea. (Please ensure an ice brick is in your child's lunch box and that you pack healthy food, no nut products and an adequate amount for your child).

Will your child have solids before or after their bottle:  Before  After (Please ✓)

**Water:** we promote water throughout the day outside to your child's bottle requirements.

Will they drink water from a bottle?  Yes  No (Please ✓) (Bottles will need to be supplied)

Training Cup:  Yes  No (Please ✓) (Training cups will need to be supplied)

### Sleeping Requirements

Does your child prefer to be wrapped or unwrapped:  Wrapped  Unwrapped (Please ✓)

Does your child have a set routine for sleeping?  Yes  No (Please ✓)

If yes, what times? \_\_\_\_\_ Hands in or out:  In  Out (Please ✓)

Does your child have a favourite toy, a dummy, something they prefer to sleep with:

\_\_\_\_\_

Does your child have a special name or word for their comforters?  Yes  No (Please ✓)

If yes, please advise: \_\_\_\_\_

If they get tired at other times do you wish us to give them their dummy/comforter etc:

\_\_\_\_\_

What is your child's preferred sleeping position: \_\_\_\_\_

**Nappy Changing** (Please provide at a minimum 6 nappies per day)

Is your child prone to nappy rashes at times:  Yes  No (Please ✓)

If Yes, is there a certain cream or powder that your wish us to use at change times to help ease the rash:

\_\_\_\_\_ (please note you will need to supply this cream/powder and that it needs to be clearly labelled with your child's name on it)

Please note that at times if we notice any slight nappy rash we will use plain cornflour to help assist if we don't have any other creams from you. If you do not want us to use this please let us know.

Are there any special circumstances/notes etc that we should be aware of when changing your child's nappy:  Yes  No (Please ✓) If yes, please advise: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_

Do you wish to advise us of any other information/instructions concerning your child that you would like us to know?  Yes  No (Please ✓) If yes, please provide below or on a separate piece of paper.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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