

Baby Information Sheet

(To be completed for children 18 months and under)

Name:					
Known as:				Date of birth:	
	Monday	Tuesday	Wednesday	Thursday	Friday
AM only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Tick contracted sessions

Milk requirements:			
Type:	Breast <input type="checkbox"/> Formula <input type="checkbox"/> Cows milk <input type="checkbox"/>	Formula brand:	
Bottle or beaker :	Bottle <input type="checkbox"/> Beaker <input type="checkbox"/>	Bottle/beaker supplied:	Yes <input type="checkbox"/> (to be brought in daily) No <input type="checkbox"/>
Amount/ Temperature:	Warm <input type="checkbox"/> Room temperature <input type="checkbox"/> Cold <input type="checkbox"/>	Times:	

Special dietary requirements:			
Weaning:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Required texture of food:	Blended <input type="checkbox"/> Mashed <input type="checkbox"/> Lumps <input type="checkbox"/>
Vegetarian:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Foods to be avoided:	

Allergies/Hereditary conditions:

Sleep times:			
Time:		Length:	
Time:		Length:	
Time:		Length:	
Best way to settle:			
Comforters:			

Other relevant information:

Parent's name:	
Parent's signature:	
Date:	