



Baby Information Sheet

Name of Child:	
Date Of Birth:	

Do you use any other names for your child:	Yes / No If yes please state:
Do you use a dummy:	Yes / No
If yes when is it used:	
Do you use any other comforter e.g. blanket:	Yes / No If yes please state which comforter you use:
Does your child sleep in:	Cot / Pram / Either
We normally sleep babies on their backs please state if you prefer otherwise:	
Please state the times your baby likes to sleep if there is a pattern. Please also state if you would like a limit on their sleep:	
Does you baby drink:	Formula milk / Cows Milk (We do not provide formula, <u>all bottles must be prepared for nursery</u>)
If prepared bottles do you heat:	In a microwave / bottle warmer
At what times does your baby have their bottles:	
Does you baby eat:	Nursery food / Food you provide

Do you sterilise all feeding utensils:	Yes / No
Does your baby have any special dietary requirements:	Yes / No If yes please give details:
Does your baby drink:	Boiled water / Diluted Juice / Other Please give details if other: Please give details if other:
Does you baby drink from:	Bottle / Feeder beaker
Any further details: E.g. More about their routine, Particular likes or dislikes, Extra information we need to know about:	