



Child 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 and when your child has it :
Does your child sleep:	Cot / Pram / Either
If so, how does your child like to go to sleep (e.g. having face stroked) and do they have a limit on their sleep?:	
Does your child drink:	Milk/ Diluted fresh juice/ Squash/ Water / Other- please state Please state if you would prefer your child not to have something:
Does your child eat:	Nursery food / Food you provide
Does your child have any special dietary requirements:	Yes / No If yes please give details:
Does you child drink from:	Bottle / Feeder beaker / Cup

Can you briefly note your child's routine or things they particularly enjoy doing:	
Any further Details:	

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