

General Information Form – Possum’s Room

GENERAL INFORMATION

Child’s Name: The name your child prefers to be called is:

The special name your child calls their mother: father:

guardian: Other:

The things your child enjoys doing include:

Songs your child enjoys singing:

My child has a pet: Yes / No Our pet is a and is called

FEEDING

Is your child currently on formula / milk / breast milk:

Bottle times?

Does your child like to be held while having a bottle?

Does your child usually drink the whole bottle?

Does your child like to have his / her bottle warm?

Does your child have reflux or any other feeding concerns?

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EATING

Does your child have any dietary restrictions / allergies?

Does your child like to feed themselves?

Does your child have a small / medium / large appetite?

Other comments:

SLEEPING

Day sleep From: To:

From: To:

From: To:

How does your child go to sleep?

How does your child like to be patted?

Does your child have a comforter to go to sleep?

Further comments:

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Your Child's Routine – Possum's Room

Child's Name: **Age:**

7.30 – 8.30am:

8.30 – 9.30am:

9.30 – 10.30am:

10.30 – 11.30am:

11.30 – 12.30pm:

12.30 – 1.30pm:

1.30 – 2.30pm:

2.30 – 3.30pm:

3.30 – 4.30pm:

4.30 – 5.45pm: