



## Toddler Routine Form

### GENERAL INFORMATION

Child's name: \_\_\_\_\_ The name your child prefers to be called is: \_\_\_\_\_

The special name your child calls their Mother is: \_\_\_\_\_; Father \_\_\_\_\_;

Guardian: \_\_\_\_\_; Other: \_\_\_\_\_

The things your child enjoys doing include: \_\_\_\_\_

The songs your child enjoys singing include: \_\_\_\_\_

Your child has a pet:  Yes  No; Your pet is a \_\_\_\_\_ and is called: \_\_\_\_\_

Does your child have any known fears? Eg. Storms, balloons \_\_\_\_\_

Has your child been in childcare/family day care before? \_\_\_\_\_

Does your child have any special words or phrases? \_\_\_\_\_

Does your child have a pacifier – any time; or only at sleep time? \_\_\_\_\_

### FOOD & EATING

Does your child have any allergies/dietary restrictions? \_\_\_\_\_

Does your child need assistance to eat food? \_\_\_\_\_

Does your child need the skin removed from certain foods? \_\_\_\_\_

Does your child drink from (please tick):  Cups  Sipper Cup  Bottles

Does your child need their bottle warmed?  Yes  No Details: \_\_\_\_\_

### DIAPER/TOILET TRAINING

Is your child in diapers?  Yes  No

Is your child toilet trained?  Yes  No

Is your child in pull ups/training pants?  Yes  No

Is your child fully toilet-trained?  Yes  No

How would you like us to assist with toilet training? \_\_\_\_\_

Does your child use a potty or toilet? \_\_\_\_\_

### SLEEP

What time does your child normally take a nap? \_\_\_\_\_

How long does your child nap for? \_\_\_\_\_

Does your child have any comforters for napping? \_\_\_\_\_



Does your child like to be patted/sung to?

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Is your child a restless sleeper?

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What is your child's attitude towards napping?

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Signature of Parent/Guardian

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Date

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Print Name

