



# Toddler Daily Routine

## General Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The special name your child calls their mother: \_\_\_\_\_ father: \_\_\_\_\_

guardian: \_\_\_\_\_ other: \_\_\_\_\_

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

Songs your child enjoys singing: \_\_\_\_\_

Does your child have any known fears, eg; storms, balloons? \_\_\_\_\_

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

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

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

## Food and Eating

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

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

Does your child drink from (please tick):  a cup  sipper cup  bottle \_\_\_\_\_

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

## Nappies / Toilet Training

Is your child in nappies? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Is your child in pull ups / training pants? \_\_\_\_\_

Is your child fully toilet trained? \_\_\_\_\_

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

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

## Sleep

What time does your child normally want to have a sleep? \_\_\_\_\_

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

Does your child have a comforter for sleep? \_\_\_\_\_

Does your child like to be patted / sung to? \_\_\_\_\_

Is your child a restless sleeper? \_\_\_\_\_

Attitude towards sleep? \_\_\_\_\_