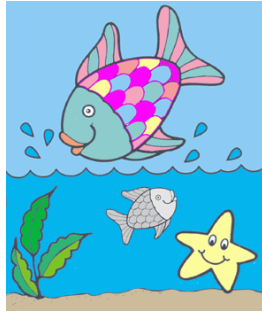


INFORMATION FOR CARERS ABOUT LITTLE TODDLERS!



Dear Parents

Please complete this form and hand to your child's carer when your child starts or, if possible beforehand.

The availability of this information will benefit both the carer and your child in their relationship with each other.

Child's Name: _____

Date of Birth: _____

Parent's Names: _____

Siblings: _____

Separation:

Is your child used to being left with someone else?

Does your child have a special toy/other that may help him/her settle?

Sleeps:

Does your child have a day time nap? _____

With/without a nappy? _____

Average sleep time at home? _____

Average sleep length or restriction? _____

Sleep with a favourite toy, bottle or dummy? _____

Allergies:

Does your child have any known allergies to food/drinks? _____

Are there any food/drinks you don't wish your child to have? _____

Does your child have any allergies to the environment eg: carpet, soap, plants, sunscreen? _____

Medication:

Does your child take medication regularly? _____

Toileting:

Does your child wear day time nappies? _____

Does your child use a potty/toilet? _____

Fears:

Does your child have any fears eg: noise, messy experiences, animals?

Bottles or Snacks:

Does your child have bottles other than for bed? _____

Will you be providing any extra or substitute food/drinks for your child?

Anything else you would like us to know?
