



**Baby's Usual Daily Routine at Home**  
(Please circle "Yes" or "No" where applicable)

**Child's name:**..... **D.O.B:**..... **Date:**.....

**Welcome** to the Babies room at the **Harmony Child Learning Centre!**

Please assist us in getting to know your child as quickly as possible by telling us your baby's needs, interests and abilities—this important information is a great aid in providing quality care for your baby from the very beginning of our relationship.

**Bottles and feeding**

1. Is your baby breastfed? Yes / No  
If "yes", do you intend to breastfeed during the day Yes / No
  
2. Is your baby bottlefed? Yes / No
  - (i) Brand/type of formula .....
  - (ii) Amount per feed (ml) .....
  - (iii) Approximate times .....
  - (iv) Does your baby hold the bottle independently? Yes / No
  
3. Is your baby's feed supplemented with juice or water? Yes / No
  - (i) Type of fluid .....
  - (ii) Amount (ml) .....
  - (iii) Approximate times .....
  
4. Is your baby eating solids? Yes / No
  - (i) Strained
  - (ii) Chunky
  - (iii) Regular children'sDoes your baby eat independently, i.e. holding a spoon? Yes / No
  
5. Is your baby using a trainer cup? Yes / No ...a regular cup? Yes / No  
Can your baby hold it independently? Yes / No
  
6. Does your baby have food allergies? Yes / No  
If "yes", please give details, including reactions to it .....
- .....
- .....
  
7. Does your baby have any particular dietary requirements?, e.g. vegetarian, wheat-free  
.....
  
8. Are there any particular requirements at meal times?, e.g. does your baby dislike sitting in a high chair?, does your baby need encouragement to eat sufficient amount?  
.....

.....  
**Sleeping**

1. Usual time and period of sleeping  
(i) From..... To.....  
(ii) From..... To.....
  
2. Does your baby prefer to sleep—  
(i) on tummy Yes / No  
(ii) on side Yes / No  
(iii) on back Yes / No  
(iv) with comforter item Yes / No and what item? .....  
(v) with patting, stroking Yes / No by any other means? .....
  
3. Does your baby have a comforter at sleep time?  
(i) dummy Yes / No  
(ii) soft toy Yes / No  
(iii) bottle (water only) Yes / No

**Additional information**

1. Do you use any special words that mean “toilet” to your baby, e.g. wee, poo?  
.....
  
2. Does your baby have a particular interest at playtime, e.g. building with blocks, trucks, outside play, painting? Yes / No  
.....  
.....
  
3. Has your baby stayed at least 4 hours with other people previously? Yes / No  
Was your baby reluctant/upset to leave you? Yes / No  
If “yes”, what can reduce your child’s upset feelings? .....  
.....
  
4. Does your baby have a security toy? Yes / No What item? .....  
.....
  
5. Does your baby have any fears, e.g. loud noises, dogs, crowds of people? Yes / No  
.....  
.....
  
6. Any other information you think will assist us in helping your baby settle quickly?  
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.....  
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Thank you for completing this valuable input about your baby’s needs. If you ever have any concerns about anything at all, please feel comfortable to speak with us, as we are always available for you. Please remember to check your message pocket, as it contains important notes. The Daily Report about your baby’s day is placed in your child’s bag.

We look forward to a long and warm relationship with you and your baby.