



# Under Two Children's Individual Routine

Child's name:

Parents' Name and form completed by:

Date:

## **Bottles**

Number:

Times:

Amounts:

Feeding Techniques:

Heating required and techniques:

Teacher notes:

## **Food & Water**

Feeding technique: eg Chair/table

Allergies and dislikes:

Water: sipper cup or bottle

## **Sleep Routine**

Times:

Setting Technique:

Nappy routine and how child likes to be changed:

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Comments about settling your child at start of day:

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