

Baby home routine

Child's name	Age
Date to start into care	Days into care
Please provide a brief description of your baby/likes/dislike	

Morning Routine

Bottle
Food
Sleep

Middle day routine

Bottle
Food/lunch
Sleep

Afternoon Routine

Bottle
Food
Sleep

Additional information:

Food allergies or intolerance

Comfort toys

Special requirements from parents or something you would like to share with us

Interview date and time _____

Educator Name _____