

Kids World Kindy

ENROLMENT FORM ADDITION – BABY ROUTINE FORM

GENERAL INFORMATION

Child's Name..... Date of birth.....

FEEDING

Is your child currently on formula / cows milk / breast milk:.....

Does your child like to be nursed when having a bottle?.....

Does your child normally drink the whole bottle?.....

Does your child like to have his/her bottle warm?.....

Does your child need to be burped during a bottle feed? Please circle Yes or No

Does your child have reflux or any other feeding concerns?.....

EATING

Does your child like to feed themselves?.....

Does your child have a small / medium / large appetite?.....

Other comments?.....

SLEEPING

Day sleep From:..... To:.....

 From:..... To:.....

 From:..... To:.....

How does your child go to sleep?.....

Does your child like to be patted / rocked to sleep?.....

Does your child have a dummy to go to sleep?.....

Does your child have a comforter to go to sleep?.....

Other comments:.....

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ENROLMENT FORM ADDITION – YOUR CHILD’S ROUTINE

Child’s Name..... Date of birth.....

7am to 8am:.....

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8am to 9am:.....

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9am to 10am:.....

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10am to 11.00am:.....

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11am to 12.00pm:.....

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12.00pm to 1pm:.....

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1pm to 2 pm:.....

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2pm to 3pm:.....

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3pm to 4pm:.....

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4pm to 5pm:.....

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5pm to 6pm:.....

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Parent Name..... Signature..... Date.....