

Baby Room Information

Babies Name _____

Please supply us with extra information to make your babies time with us an enjoyable and happy one.

Please tick below if you have tried your baby at home with the following foods and you are happy for them to eat/drink them at nursery:

Fish	
Eggs	
Milk	
Yoghurts	
Bread	

Does your baby still have bottles throughout the day?

How much milk does your baby have?

Does your baby have formula milk or cow's milk? If so, which brand?

How many times a day does your baby sleep? Please give us approximate times

Does your baby prefer to sleep on their front or back? Does your child have any comforters that they like to sleep with?

How does your baby prefer to eat their food? Whizzed? Textured? Etc

Does your baby prefer to drink from a beaker or a Bottles or a cup?