

# Oyster Bay Nursery School



*A Love of Learning, for Life, for all.*

## Individual Baby care Routine

Executive Headteacher: Ms D J Hines  
Nursery Manager: Miss C Longhorn

Child's Name:	AGE:(in months)
<b>FOOD</b>	
What time does your baby / child eat:	Breakfast
	Mid-Morning
	Lunch
	Mid-Afternoon
	Tea
	Other
What consistency does your baby / child like their food?	i.e. smooth
Does your baby / child finish all of their food?	
Would you like us to know anything else about meal times?	
<b>BOTTLES / DRINKS</b>	
What type of milk does your baby drink?	Breast / Formula - which type Cows / Other
What time(s) of day does your baby have their milk?	
Does your baby / child have their milk heated?	
Do they normally finish their bottle?	
<u>Children over 1 year</u> What does your child prefer to drink at snack time?	* <u>please circle</u> Milk or water  Boiled or tap water
<b>SLEEPING ARRANGEMENTS</b>	
How long would you like your child to sleep and when?	
Where would you like your child to sleep?	Cot / low level bed
Would you like your child to be awake from a certain time in the day?	
Any other information	