

Additional information for children 0 to 2 Years

Child's Name: _____ D.O.B: _____

Please circle:

Is your child currently having **formula** or **breast milk**?

How many bottles will your child have while in care?

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At what time does your child have each bottle?

.....

How many sleeps will your child have while in care?

.....

At what time does your child have each sleep?

.....

Does your child drink cow's milk? Y / N Soy Milk? Y / N

Does your child eat dairy products such as cheese, yoghurt ? Y / N

Any additional information in relation to dairy/cow's milk that the staff should be aware of ?

Does your child eat solid foods? If yes, what do you usually feed your child?

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Please circle - Can your child have:

Bonjela Teething Gel Yes/ No

Egg Yes/ No

Meat Yes/ No

Tuna Yes/ No

Salmon Yes/ No

Are there any foods that your child has an allergy towards? If yes, please specify?

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Any foods refused? If yes, please specify?

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Are there any foods which should be avoided due to religious, cultural, allergy and or special dietary requirements?

If yes, please specify?

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