


Gum Seeds Baby Routine for LCOCC		
QIAS Principle	6.4.15	
Room Name: Gum Seeds		Date:
Room Staff Names: Mika, Fish and Sabrina		



Child's Name: _____ Date of Birth: __/__/__

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Occupation: _____ Parent 2 Occupation: _____

PLEASE ANSWER ALL THE QUESTIONS BELOW SO THAT THE CARE OF YOUR CHILD IS CONSISTENT BETWEEN HOME AND LANE COVE OCCASIONAL CHILD CARE CENTRE.

Does your child have any special toys/objects that the need at any time during the day? YES NO

If yes, what is it? _____

When do they have the toy/object? Please circle: all day at sleep time when upset

Other: _____

Sleep

Does your child have a special sleep routine? YES NO

Please circle: wrapped rocked in arms patted on back/bottom left to cry musical toy playing special toy

Other: _____

Where does your child sleep at home? A Cot A bed *What time does your child Sleep: _____

Other: _____

Bottles/Food

Does your child have a bottle? YES NO

At What time does your child need a bottle? _____

If your child is due for a feed, and is a sleep, do you wish staff to wake the child? YES NO

Is your child on formula? YES NO

If yes, what type? _____ (please provide)

Does your child need cows' milk? YES NO

If yes, please circle: Straight diluted with boiled water

Other: _____ (please provide)

Is your child on any solids? YES NO

Please circle: farex stewed fruit mashed fruit mashed vegetables blended solids all solids

Others: _____ (please provide)

Does your child have any likes / dislikes regarding food? YES NO

If yes, please give details: _____

My child is a big / small eater (please circle)

My child is a big / small drinker (please circle)

Does your child have any specific dietary requirements/ Allergy? YES NO

If yes, please give details: _____

Creams / Gels / Lotions and Potions

If your child has any allergies / reactions to any baby wipes / nappy rash creams / powder or teething gels, please give details: _____

Nappies / Toilet

Is there anything specific Lane Cove Occasional Child Care Centre staffs need to know regarding your child and his / her toileting habits? i.e. words used, level of dependence / independence

General needs

What activities does your child find especially enjoyable?

Are there any words that have special meaning to your child?

Does your child have any deep fears about anything in particular? E.g. vacuum cleaner, thunder etc.

Does your child become upset when left with other people? YES NO

If yes, please give details:

Please give any other details you feel would benefit you child and the care we provide Lane Cove Occasional Child Care Centre

These details you have provided will change over the time your child is in our care, perhaps even in the next week! Please keep the nursery staff informed as to what you are doing at home so the care that we provide is as consistent as possible for your child. If you are unsure as to what your baby should be up to, please talk to the staff- Lane Cove Occasional Child Care Centre has access to many resources.

Feel free to tell staff of any special events which are happening in your child's home life. If you have any suggestions, we could incorporate in our programming. Please feel free to advise staff.