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INFANT/TODDLER SLEEPING ROUTINES **CHILD'S NAME:** _____

What is your child's normal sleeping schedule? Wakes in a.m. _____ Bed Time _____ Naps _____

How long has your child been following this schedule? _____

What is your routine when putting your child to sleep? (Rub back, rock, dim lights, etc.) _____

Does your child have any special needs for sleep. **Please be sure to discuss with your child's care giver.**

Is there much change from day to day in your child's schedule? _____

Does your child use a pacifier? If yes, please explain when you provide the pacifier and any restrictions you have on its use. _____

Is your child accustomed to some noise when he/she is sleeping? _____

How do you normally put your child (Infant) down in crib? _____

Do you have any concerns about your child's sleeping routine? _____

Please Note - Often children's eating and sleeping demands will be different at school due to the amount of activity they will be part of

INFANT/TODDLER EATING HABITS:

My child is currently being fed: Breast _____ Breast/Bottles _____ Bottle _____ Cup _____

My child will have breakfast: At home _____ At school _____

My child's normal breakfast is: _____

Does our child enjoy eating? Yes _____ No _____ Comments _____

What is your child's normal eating schedule? Breakfast _____ Lunch _____

Dinner _____ Snacks _____

How long has your child been on this schedule? _____

Do you have any concerns about your child's eating habits? _____

Please feel free to use the back of this form for any additional information you would like us to have about your child.