Kidzone FDC Child's Individual Preferences

Name of Child: _____ Age: _____ Date: _____

Dear Parent,

It's important for us to gain information on your child's food, sleeping and toileting habits as this will assist us in getting to know your child's needs and helps us to understand your child's individual preferences. Please fill in the form below and return it to your child's educator as soon as possible.

Food Habits

Eats by self: _____
Drinks from a cup: _____
Drinks from a sipper: _____
How child prefers to eat: _____
Foods your child dislikes: _____
Allergies/restrictions/diet: _____
Additional Information: _____

Sleeping Habits

Sleeps in own room: _____
Sleeps in a cot/bed:_____
Co-sleeps with parents:_____
Sleeps with dummy/toy: _____
Sleeps during the day? How long? _____
Additional Information: _____

Toileting Habits

In nappies/pull ups: _____
Started toilet training at home: _____
Sits on the toilet: _____
Does wee in the toilet: _____
Does poo in the toilet: _
Wears nappy at night: _____
Additional Information: _____

Anything else we should know: _____
_____
_____

Thank you for your time!
We really appreciate it!
Feel free to talk to us if you have any further questions or concerns.