Baby Care Plan

Childs Name :

Date of Birth:

Start Date/ Contracted Days:

Routine ; Summarise your child's daily routine?

Sleep :

Meals times:

Food they like/don't like & consistency:

Bottles/Tommee Tippee:

Comforter:

Nappy changing Information:

Do you use wipes/cotton wool/creams for nappy changes?

Is there a particular brand you prefer to use?

If so why?

Medicine

Calpol ☐ Nurofen ☐ Teething Gel ☐

Do they take any regular medication/ What medication?

Reasons for / When is it needed?

Development:

Please tick the following boxes;

Sit unaided	☐	Walk around furniture	☐	Stand on own	☐
Crawl	☐	Take steps	☐	Walk/Climb	☐
Point to objects	☐	Says single words	☐	Home Language _____	

Do you have any concerns about your child's development?

About your child;

My name is, What I liked to be called :

Who lives in my house:

What I call Mummy and Daddy:

My brothers and sisters are called:

My pets:

Have they ever attended a nursery/playgroup/childminder ?

Please provide contact details:

My favourite things/toys/places :

What upsets me:

General Comments:

Next Steps:

Parents Signature _____ Key Person _____