



Record of Child's Individual Needs

Child's Name _____ Date of Birth _____

Food	
Does the child have any food allergies?	
What food will you need the crèche to provide? Or what food will you provide?	
Has your child any particular dislikes?	
Has your child any particular favourites?	
What will your child drink?	
Does your child have set meal times? And if so when?	

Toileting/Training	
Does your child wear nappies? If so is this all day/just for sleeps?	
How often do you normally change your child's nappy?	
Does your child require any particular routine for nappy changing? Special creams etc.	
Does your child use the toilet/potty?	
Do they need any help? Do they require any aids, potty, toilet seat, step etc.	
How does your child indicate they wish to go to the toilet?	

Dressing

Can your child dress themselves?
Can they put on their coat?
Can they put on their shoes?

Do they require privacy to do this?

Can your child manage buttons/zips/ toggles/
shoe laces or do they require support?

Sleep

Does your child require a daytime sleep? If
yes how many, when and for how long?

Where does your child prefer to sleep? cot or
bed

How do you settle for your child for a sleep?
Do they have a routine, comfort object etc?

How does your child like to be treated when
first waking eg. left to come round alone,
cuddled?

Likes and Dislikes - INCLUDE ANY COMFORT OBJECTS AND FEARS

Toys

Activities

Books/Stories

Television Programmes

Games

Other

Normal Daily Routine

Please include an idea of times and
activities that you would do on a typical
day-this is to give me an idea of how we
can accommodate your child's needs into
my routine.

Parent's Signature _____ Date _____