

Child's Routine Form



Eating Habits

My Favourite foods: _____

Foods I refuse: _____

I usually eat _____ times a day with _____ snack times

I eat with a ☐ Spoon ☐ Fork ☐ Hands

My First Meal is at: _____

My Last Meal is at: _____



Sleeping Habits

Does child become tired or nap during the day (include when and how long)?

What time does child go to bed at night: _____ awake in morning: _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking):

Are there any sleep/wake time routines? _____



Toilet Habits

☐ Diaper ☐ Potty Trained

I indicate I have to use the bathroom by: _____

My child has accidents: ☐ Yes ☐ No If yes, how often: _____



Social Habits

Has there been any previous child care experience? ☐ Yes ☐ No

Reaction to strangers: _____

Prefers to play ☐ Alone ☐ In groups

Fears (e.g., the dark, animals): _____

How do you comfort your child? _____

How do you discipline your child? _____