



# Getting to know me



My name is \_\_\_\_\_

My Birthday is \_\_\_\_\_

My Mum's name is \_\_\_\_\_ My Dad's name is \_\_\_\_\_

## **MEALS AND BOTTLES**

Allergies & Food preferences

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have a bottle      Yes    No

I have my bottle at \_\_\_\_\_

Instructions \_\_\_\_\_  
\_\_\_\_\_

## **SLEEP ROUTINE**

Dummy      Yes    No

Blanket      Yes    No

Teddy      Yes    No

*Bottle      PLEASE SEE UNDER MEALS AND BOTTLES*

Other: \_\_\_\_\_

I can use the centre's sunscreen      Yes    No

Other \_\_\_\_\_

I can wear the centre's nappies      Yes    No

Other \_\_\_\_\_