



Hatchlings Initial Profile Information

Name:	Date Of Birth:	Parents/Carers names:
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Eating

Any details of dietary needs:

Please include any details of known allergies, whether dairy foods have been introduced and anything else you think we may need to know about feeding your child. Where children are bottle feeding please indicate how this is going.



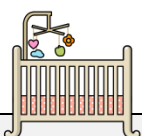
Name of formula milk (if used):

Time of bottle feeds	Amount	Temperature (warm/room)

Name/brand of any teething gels/granules being used:

Sleep

Please give details of your child's current sleeping pattern and any routines you use to support sleep e.g. do they like to be cuddled and/or rocked? Do they need any kind of comforter? Do they sleep in a cot?



Following guidance on good practice we put all children to sleep on their backs with their feet towards the foot of the cot. Please see staff if you want your child to sleep in any other way.

General care

Do you use Cream/Wipes when changing your child's nappy?

Have there been any stressful experiences that may have an effect on your child settling in the Hatchlings room?
e.g. Premature birth, any hospitalisation, a new baby, a house move?

Is there anything that particularly upsets/frustrates your child? How are you supporting them with this at home?

Does your child have any particular fears?
Please include anything no matter how small it may seem

Is there anything else we may need to know in order to help your child make the best start in the Hatchlings room?



Signature:

Date:

A short while after joining you will be invited to meet staff in the setting and discuss how your child is settling. This form will be reviewed then to make sure we are fully up to date with your needs. Please talk to the staff in the room if you want to discuss anything about your child in our setting, there is never any issue or question that is too small when it comes to your child.