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**CHILDREN IN OVERNIGHT / EVENING / WEEKEND / 24 HR CARE DETAIL FORM**

**(Parent to complete and give to educator)**

Parent's Name:.....

Child's Name: .....

Address: .....

Phone Telephone number: ..... Mobile number: .....

What time does your child usually go to bed? .....

Are there any special rituals or routines associated with bed and sleeping routines?.....

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What is your child's usual evening meal routine including likes and dislikes? .....

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What is your child's usual hygiene routine? .....

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If you child wakes in the middle of the night what strategies are used to help settle your

child? .....

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Is there any other routine/suggestions that will help your child/ren feel safe and welcomed

in Family Day Care?.....

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