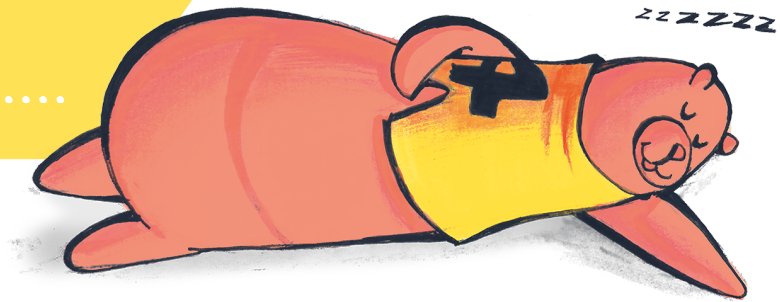


SCHEDULE OF

(child's name)



FEEDING TIME

Milk

Amount: cc/oz* milk

Reheat in a bottle warmer/microwave/au bain-marie*

Vegetable mash: fresh/jar

Amount:

Favourite vegetables:

Fruit puree: fresh/jar

Amount:

Favourite fruits:

Snacks:

I don't like:

BATH + NAPS

Morning nap(s):h

Afternoon nap(s): h

Bedtime: h

Bath:

yes/no*

EVENING RITUAL

Billy/Finn/Otti/Tika* is watching over me tonight.

Before closing my eyes, I want to read Billy/Finn/Otti/Tika's* adventures.

CHANGING DIAPERS

Number of pee-pee nappies:

Number of bowel movements:

Notes:

COMFORTING*

Cuddly toy - pacifier - blinkie - rocking - walking around - baby carrier - music - white noise - reading a story - walk outside - swaddling -

Notes:



OUR LITTLE
MOMENTS

*indicate what is applicable