

# My Routine

My Name	.....
My Date of birth	.....
My likes	.....
My dislikes	.....
I drink formula / cows milk	.....
Bottle / beaker	.....
Teat size :	.....
Ounces	.....
Times of day I like to drink	.....
I eat puree / mashed/ whole food	
My eating times are:	
1.	.....
2.	.....
3.	.....
4.	.....
5.	.....
6.	.....
When I go to bed I like to go with Bottle / dummy / favourite toy (name please!)	.....
I like to sleep at:	
1.	.....
2.	.....
Any additional information:	.....
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