

Child's Name:	Date:										
Parent's Section:											
I woke up at:  Last Time I ate was:			Best # to reach my parent/guardian at today:								
Special notes:											
<b>Teacher's Section:</b> My teacher(s) today wer	e:				( <b>P</b> (	y					
Diaper Changes	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM
			BN	1=Bowe	I Movem	ent 1	W=Wet	D=D	)ry	•	
Time Slept	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM
Meals (Circle One)		Morning Snack			Lunch				Afternoon Snack		
<ul> <li>Infant Menu (pur foods)</li> <li>Parent Provided</li> <li>Big Kid Menu (wh foods)</li> </ul>											
Bo <del>cc</del> les											
Something to Make Y Smile	ou										
Your Child Needs (Circle One)		Diapers			Jipes Change of Clothes				Other		
	'										