

Child's Name: _____ Date: _____

1. My child woke up at: _____

2. Does your child need breakfast this morning?

- No
- Yes _____

3. What snacks did you bring today?

4. What does your child have for lunch today?

5. What does your child have to drink today?

6. Is there any other information you would like us to know for the day? (ie. Different phone number, pick up person, etc.)

Child's Name: _____ Date: _____

Today I ate & drank:

Today I slept:

| Diapering | Dry | Wet | BM | Sat on Potty | Went on Potty |
|-----------|-----|-----|----|--------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please bring: ___ Diapers ___ Wipes
 ___ Bibs ___ Snacks ___ Mat
 ___ Paintsmock ___ Washcloths

Comments: