Daily Record

Information Needed from Parents Child's name: Date: **Drop-Off/Pick-Up Special Information/Instructions** Today's Contact Person: How did your child sleep last night? Time____ □more than usual □usual □less than usual Can be reached at #: ____ Do they need a nap? Time am _____ Time pm _____ **Medication Today?** □No □Yes (complete medication slip) Child's mood: □Great! □Good □Okay □Not so great Approx. time your child will be picked up? _____ Time and amount of last feeding: Who will pick-up? What to offer next?: (indicate times)_____ What's for lunch: (indicate times)_____ Any new bumps/bruises? □No □Yes ____ Any other special instructions Times/amounts of bottles Indicate time(s) for snack _AM ____Late PM ____PM ___all Today's Experience (for teachers to fill out) Today I ate: Today I Napped: Medication Given Time/Amount: _____ to ____ Time & Amount ____ to ____ I went to the gym: \square Yes \square No ____ to ____ I went outside: □Yes □No □Play Yard □Walk ____ to ____ **BM** Diapers Experience(s): ☐ Please see Accident/ **Illness Report**