



Date: _____ Arrival time: _____ Pickup time: _____

Parent's Names and Emergency Phone#: _____

Child's First Name: _____

Special Instructions: _____

What, how much and when the child last ate: _____ @ _____

Last Changed: _____ Woke Up: _____

<u>Time changed:</u>		<u>Slept:</u>	
_____	_____	_____ to _____	_____ to _____
_____	_____	_____ to _____	_____ to _____
_____	_____	_____ to _____	_____ to _____
_____	_____	_____ to _____	_____ to _____

(Diaper codes: W= wet; BM= bowel movement; X= dry; S= sleeping)

Food:

_____ @ _____	_____ @ _____	_____ @ _____
_____ @ _____	_____ @ _____	_____ @ _____
_____ @ _____	_____ @ _____	_____ @ _____
_____ @ _____	_____ @ _____	_____ @ _____
_____ @ _____	_____ @ _____	_____ @ _____
_____ @ _____	_____ @ _____	_____ @ _____

Staff Comments: _____

___ Need Formula ___ Need Diapers ___ Need Diaper Cream ___ Bag to Take Home ___ Extra Clothes

5 Months & Younger = 4-6oz Formula or Breastmilk for each meal. Food may be added as parent permits
6 Months to 11 Months = Breakfast & Lunch (6-8oz Bottle & Cereal or Meat & Fruit or Veggie)
Snacks (2-4oz Bottle & Cereal & Fruit or Veggie)