

Center Name
Address, Phone Number
Director's Name/Assistant Director's Name

WHAT I DID TODAY....

Child's Name: _____ **Classroom:** _____

My teacher today was: _____ **Date:** _____ **M T W TH F**

TODAY I ATE:

Breakfast Menu:

I ate: All Some Not hungry

Lunch Menu:

My Diaper Changes or Potty Breaks:

Time:	Wet	BM
_____		<input type="checkbox"/>
<input type="checkbox"/>		
_____		<input type="checkbox"/>
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_____		<input type="checkbox"/>
<input type="checkbox"/>		
_____		<input type="checkbox"/>
<input type="checkbox"/>		
_____		<input type="checkbox"/>
<input type="checkbox"/>		

I need diapers: **Yes** **No**

I need wipes: **Yes** **No**

Today, I really enjoyed:

At Naptime, I slept:

_____ until _____

I slept: **ok** **good**

I woke up: **happy** **grumpy**

Other: _____

Special Notes from: **Teacher to Mom **or** **Mom to Teacher****
