



Look what I did today!

MY DAY!

INFANT

Classroom: _____

Name: _____ Date: _____

Parent Information:

My child woke at: _____

My child ate breakfast at: _____

My child ate: _____

Center Information:

TIME	FLUIDS	SOLIDS

Naps:

FROM	TO

Diapers:

WET	BM

I Need: Diapers Wipes Cream Extra Clothes
Other _____

Please Don't Forget: _____



Look what I did today!

TODDLER

MY DAY!

Classroom: _____

Name: _____ Date: _____

Snack: AM PM

Diapering: Time Type

Toileting: _____

Lunch: All Most Some Not Much

I really liked: I didn't like:

Nap: I fell asleep at: _____. I woke up at: _____.

Disposition: I was: Happy Sad Quiet Tired Chatty
Caring Funny Sensitive Creative Energetic

I Need: Diapers Wipes Cream Extra Clothes
Other _____

Please Don't Forget: _____
