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| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **MY DAY AT HOME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How can we reach you today? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | (Phone number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My child slept: | | | | |  | | | | Well | | | | | | |  | | | | Longer than usual | | | | | | | | | | | | | | | |  | | | Less than usual | | | | | | | | | | |  | | | | Woke up in the night | | | | | | | | | | | | | |
| My child woke up at: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What time will your child be picked up? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | By whom? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any new bumps, injuries, or symptoms of illness? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last diaper change: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time of last feeding: | | | | | | | | |  | | | | | | | | | | | | | Type of food: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Amount: | | | | | | |  | | | | | | |
| Any special instructions or information? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HOW WAS MY DAY?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diaper Changes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Bottle Feedings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | Wet | | | | | | BM | | | | | | | | | | | Dry | | | | | | | | Initials | | | | | | |  | | | | Time | | | | | Contents | | | | | | | | | | Amount | | | | | | | | | | Initials | | | | |
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| **Meals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Naps** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | Food | | | | | | | | | | | | | | | | | Amount | | | | | | | | Initials | | | | | | |  | | | | From | | | | | | | | | | | To | | | | | | | | | | | | | Initials | | | | | |
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| My mood today was: | | | | | | | | | | |  | | | Happy | | | | | | | | | |  | | Energetic | | | | | | | | | | |  | | | Sad | | | | |  | | Tired | | | | |  | | | Fussy | | | | | | | | | | | | | |
| This is what I did today: | | | | | | | | | | | | |  | | | | Outside play | | | | | | | | | | |  | | Tummy time | | | | | | | | | | | |  | | Music | | | |  | | | Stories | | | | |  | | Sensory play | | | | | | |
|  | Other: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your child needs: | | | | | | |  | | | | | Diapers | | | | | | | | |  | | | | Formula | | | | | |  | | | | Breast milk | | | | | | | | |  | | Change of clothes | | | | | | | | | | |  | | | Other | | | |  | |
| Special notes from my teacher: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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