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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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