

Your Child's Daily Care Report

Child's Name _____ Date _____

Parent's Section

Time of arrival _____ Time your child woke up _____

How did your child sleep last night? _____

Has your child had breakfast/lunch? _____

Comments _____

Day Care Section

What I ate Today

Meal	How much I ate	What I ate
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		

Naptime

Today I slept from _____ until _____. Notes: _____

Potty Times

Time	Wet	BM	Toilet/Diaper

I had fun when we _____

Special Notes _____

Please bring more: diapers Clean clothes other: _____