

Willow Bend Learning Center

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INFANTS DAILY REPORT

For Babies on Formula/Milk, Baby Foods and/or Table Foods

Child's Name: _____ Date: _____

Arrival Information: To be filled in by Parents

Arrival Time: _____:_____ Last Diaper Change: _____:_____

How did your child sleep last night? _____

How can we reach you today? Work Home Other

Is there any Medication to be dispensed today? Yes No (Please Record at Front Desk)

Any bumps, injuries, symptoms or illness? _____

Meal Times: Parents, please fill out:

If your baby is on table foods, we will follow school mealtimes/menu.

Breakfast is at 8:00 am, Lunch is at 11:30 am, PM snack is at 3:00 pm.

Milk/Formula is given at/after each meal.

If you have any dietary restrictions or requests, please let us know.

My child is on: ()Formula+Bottle ()Whole Milk+Sippy Cup

My child can/cannot eat Table Foods/School Menu

List any special requests for Breakfast (8:00 am)

List any special requests for Lunch (11:30 am)

List any special requests for PM Snack (3:00 pm)

Diaper Changing Times

Time	Initial	Time	Initials
6: _____	_____	1: _____	_____
7: _____	_____	2: _____	_____
8: _____	_____	3: _____	_____
9: _____	_____	4: _____	_____
10: _____	_____	5: _____	_____
11: _____	_____	6: _____	_____
12: _____	_____		

My clothes were changed today because:

Lunch Time	Nap Times	Activities	My mood today:	Items Needed <u>by Monday</u> :
I ate: <input type="checkbox"/> All of my lunch <input type="checkbox"/> Most of my lunch <input type="checkbox"/> Some of my lunch <input type="checkbox"/> None of my lunch <input type="checkbox"/> Other	From: _____ To: _____ <input type="checkbox"/> Rested Quietly <input type="checkbox"/> Did not Sleep <input type="checkbox"/> Any other naps _____	_____ _____ _____ _____ _____	<input type="checkbox"/> Happy <input type="checkbox"/> Content <input type="checkbox"/> Active <input type="checkbox"/> Quiet <input type="checkbox"/> Tired <input type="checkbox"/> Other	<input type="checkbox"/> Diapers (have __) <input type="checkbox"/> Wipes (have __) <input type="checkbox"/> Ointmnt (have __) <input type="checkbox"/> Extra Clothing <input type="checkbox"/> Other

Special Notes: _____

This form can be downloaded at www.willowbendlearningcenter.com>Parent Forum>Forms> Infant C Daily Report