

# DAILY INFORMATION SHEET

Name of child \_\_\_\_\_ Date \_\_\_\_\_

1. My child ate breakfast \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

2. My child slept from \_\_\_\_\_ to \_\_\_\_\_ last night.

He/She slept well \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO," what seemed to be the problem?

3. My child is in a good mood. \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO," what seems to be the problem?

4. My child has had a bowel movement within the last 24 hours. \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Has your child been ill within the last week?  
(fever, diarrhea, cold symptoms, rash, etc.)

6. Are there changes in your child's routine (such as a new home, caregiver, potty training, etc.) or additional information that will help us take better care of your child?

EMERGENCY CONTACT NAME AND NUMBER FOR TODAY

Name of child \_\_\_\_\_ Date \_\_\_\_\_

Bowel movement \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

Your Child Played at the:

\_\_\_\_\_ Book Corner \_\_\_\_\_ Sensory Table

\_\_\_\_\_ Literacy Center \_\_\_\_\_ Manipulative Table

\_\_\_\_\_ Home Living Center \_\_\_\_\_ Art

\_\_\_\_\_ Rug Activities

We played: OUTSIDE \_\_\_\_\_ IN THE GYM \_\_\_\_\_

Moment of the day: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next time please send:

Diapers Change of Clothes More Snack More Lunch