

Toddler My Day Form



Mommy and Daddy's Notes For My Teacher

Child's Name:	This Morning I ate:
DOB:	Last night I slept _____ hours. I woke up at _____.
Today's Date:	Today I need a nap at: _____ and _____.
Allergies & Medical Conditions:	Solid Food For Today: <i>(Parent Please specify foods packed)</i>
	Food Item Time & Quantity Fed

Formula (Brand Name): Please specify Brand or Breast Milk, Regular Milk, Juice, Water, etc:	Liquid Food
	_____ oz at _____
	_____ oz at _____
	_____ oz at _____
	_____ oz at _____

While at GCLC Today:

Today I was:

- _____ Happy _____ Content
- _____ Sad _____ Playful
- _____ Tired _____ Not Hungry
- _____ Hungry _____ Excited
- _____ Social _____ Lethargic
- _____ Agitated _____ Restless
- _____ Fussier Than Usual

Teacher Notes:

Today I Slept

From _____ to _____ From _____ to _____

From _____ to _____ From _____ to _____

Today I Went To:

- _____ Playground _____ Sign Language
- _____ Outside _____ Chapel
- _____ Floor Time _____ Music & Movement
- _____ Fellowship Hall _____ Chapel
- _____ Music _____