Infant My Day Form

Child's Name:_____ Today's Date: _____

Allergies & Medical Concerns:

My night and morning at home:

Please share details regarding your child's evening, night, and morning to help us best meet his/her needs today.

◯ Happy ◯ Sad ◯ Upset ◯ Frustrated ◯ Engaged ◯ Sleepy ◯ Not Feeling Well ◯ Withdrawn

Last night: I went to bed at: _____

I slept well_____ I had interrupted sleep_____ I was uncomfortable_____

This Morning: I woke up at: _____ Breakfast time: _____

I ate/drank

Any additional issues or concerns:

Nap times for today

Please list suggested rest time for your child.

Additional Parent's Notes

Foods and drinks for today

Please list all food/drinks and time/meal you would like us to serve to your child.

☐ *Breast Milk* ☐ *Formula brand:*

Child's Name: _____ Today's Date: _____

Arrival time: _____ Departure time: _____

My day at school:

◯ happy ◯ sad ◯ upset ◯ frustrated ◯ engaged ◯ sleepy ◯ not feeling well ◯ withdrawn

I spent time:

◯ outside ◯ playground ◯ KidZone ◯ chapel/JrJAM ◯ music ◯ library time ◯ special event

◯ tummy time (up to 3 months of age)

Additional notes:

Diaper Checks

W=wet, D=dry, BM=bowel movement

Diaper	Time	✔ Ointment
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐

Food & drink today

My intake	Time & quantity

I slept from _____ to _____

I slept from _____ to _____

I slept from _____ to _____

Teacher's Notes:

Please bring

_____Diapers
_____Wipes
_____Change of clothing
_____Milk/formula
_____More food
_____Crib sheet for rest
Other: