

## My Day at Building Blocks Learning Center



Name / Nombre: \_\_\_\_\_

Date / Fecha: \_\_\_\_\_

### Parent's Information

Contact # \_\_\_\_\_

Time child will be picked up: \_\_\_\_\_

Picked up by whom? \_\_\_\_\_

### Child's Information

Time child woke up: \_\_\_\_\_

Time of last feeding: \_\_\_\_\_

Any medication today? \_\_\_\_\_

Special Instructions:

---



---

Time Hora	Food or Fluid Comida or Agua	Amount	Diaper Panales (Wet or both)	Nap Veces Dormido	Activities/Comments Actividades/Comentarios

Daily notes to

parents: \_\_\_\_\_

---



---



---

Teachers:

Name / Nombre: \_\_\_\_\_ Time / Hora: \_\_\_\_\_ - \_\_\_\_\_

Name / Nombre: \_\_\_\_\_ Time / Hora: \_\_\_\_\_ - \_\_\_\_\_

Your child needs:    Diapers    Wipes    Extra Clothes    Other