

My Day at Parkside Child Development 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