

Infant Daily Activity Log

Date: _____

(Revised 5/16)

Child's Name: _____

Arrival Time: _____

PARENTS: PLEASE FILL OUT THIS BOX ↙

Awoke @ _____ Early/Late/Usual Sleep: More/Less than usual
 Last Feeding@ _____ Ate@ _____ More/Less than usual
 Last Diaper Change@ _____ Wet/BM/Normal/Loose
 Accidents: Bumps/Bruises/Cuts/Other _____ Location _____
 General Attitude: Clam/Usually Quiet/Content/Fussy/Happy
 Special Instructions/Information: _____

All About Your Child's Day:

Feedings: Breakfast: _____

Time: _____

Lunch: _____

Time: _____

Snack: _____

Time: _____

Bottles: Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

Amt: _____ Amt: _____ Amt: _____ Amt: _____ Amt: _____

Diaper Changes:

Time _____/_____/_____ Time _____/_____/_____ Time _____/_____/_____

Time _____/_____/_____ Time _____/_____/_____ Time _____/_____/_____

Naps: _____ to _____ _____ to _____ _____ to _____

Activities: _____

Notes From Teacher: _____

Please send extra clothes/other: _____

Toddler Daily Activity Log

Date: _____

(Revised 5/16)

Child's Name: _____

Arrival Time: _____

PARENTS: PLEASE FILL OUT THIS BOX ↙

Awoke @ _____ Early/Late/Usual Sleep: More/Less than usual
 Last Feeding@ _____ Ate@ _____ More/Less than usual
 Last Diaper Change@ _____ Wet/BM/Normal/Loose
 Accidents: Bumps/Bruises/Cuts/Other _____ Location _____
 General Attitude: Clam/Usually Quiet/Content/Fussy/Happy
 Special Instructions/Information: _____

All About Your Child's Day: (Please circle options)

Breakfast: Ate a lot Ate a little Did not eat

Lunch: Ate a lot Ate a little Did not eat

Snack: Ate a lot Ate a little Did not eat

Diaper Changes:

Time _____/_____/_____ Time _____/_____/_____ Time _____/_____/_____

Time _____/_____/_____ Time _____/_____/_____ Time _____/_____/_____

Nap Time: Slept Rested Did not nap

(Please circle options)

Activities/Notes from Teachers: _____

