

# Willow Bend Learning Center

Ph: 972-867-1871; Fax: 972-964-7097; E-mail: [willowbendlc@aol.com](mailto:willowbendlc@aol.com);  
Download this form at: [www.willowbendlearningcenter.com/ParentForum/Forms](http://www.willowbendlearningcenter.com/ParentForum/Forms)

## TODDLER A DAILYGRAM

### For Toddlers on School Menu OR Stage 3 Meals

Child's Name: \_\_\_\_\_ Day/Date: \_\_\_\_\_

#### Arrival Information: To be filled in by Parents

Arrival Time: \_\_\_\_\_:\_\_\_\_\_ Last Diaper Change: \_\_\_\_\_:\_\_\_\_\_ Last Feeding: \_\_\_\_\_:\_\_\_\_\_  
Last Nap: \_\_\_\_\_:\_\_\_\_\_ How did your baby sleep last night? \_\_\_\_\_  
How can we reach you today?  Work  Home  Other  
Any medication to be dispensed today? ( ) Yes ( ) No (Pl record medications at Frnt Dsk)  
Any bumps, injuries, symptoms or illness? \_\_\_\_\_

#### Meals:

<b>At Breakfast</b>	<b>Parents, please fill out ONLY if your child is on Stage 3 Meals</b>		
<b>I ate:</b>	For Babies on Formula/Breast Milk AND Home+Center Meal combo		
___ all	<i>Do NOT fill if your child is on ALL table foods.</i>		
___ most	• Up to the age of 15 months, your baby may eat a home/school meal combo.		
___ some	• Milk/formula is given <b>at/after each meal</b> .		
___ none	• Once your baby is on table foods, school mealtimes and menu will be followed.		
___ Other	• Walking children cannot be given a bottle/cup <b>after 3:00 pm</b> .		
-----	• <b>After 15 months</b> , you must choose between Home or Center Meals.		
	• <b>After 15 months</b> , notify office if your child is on any <b>special meal/beverage</b> .		
	• <b>After 15 months</b> , leave all home lunches & lunch on the <b>hallway trolley</b> .		
	• <b>After 15 months</b> , only school juice/school water will be served.		
<b>At Lunch</b>			
<b>I ate:</b>	My child is on: ( )Formula ( )Milk ( )Bottle ( )Sippy Cup		
___ all	My child can/cannot eat Table Foods or School Menu		
___ most	List any special instructions for <b>Breakfast (8:00 am)</b> <span style="float:right">Rcvd</span>		
___ some	_____		
___ none	_____		
___ Other	List any special instructions for <b>Lunch (11:30 am)</b>		
	_____		
	_____		
	List any special instructions for <b>PM Snack (2:45 pm)</b>		
	_____		

#### Diaper Changes, etc.

My mood	I took a nap	Diaper Changing Times				Items Needed:
___ Happy	<b>From:</b> _____	Time	Initial	Time	Initials	(Monday)
___ Content	<b>To:</b> _____	7: _____	1: _____	_____	_____	28 Diapers
___ Active	___ Rested Quietly	8: _____	2: _____	_____	_____	80 Wipes
___ Quiet	___ Slept a little	9: _____	3: _____	_____	_____	___ Ointment
___ Tired	___ Did not Sleep	10: _____	4: _____	_____	_____	___ Extra Clothes
___ Other	___ Other Naps	11: _____	5: _____	_____	_____	___ Cereal
		12: _____	6: _____	_____	_____	___ Other
		<b>My clothes were changed today</b>				
		<b>because:</b> _____				

Special Notes: \_\_\_\_\_

Parents: Please make copies of this form, fill out the top portion at home, and hand to the teacher daily.

# Willow Bend Learning Center

Ph: 972-867-1871; Fax: 972-964-7097; E-mail: [willowbendlc@aol.com](mailto:willowbendlc@aol.com);  
Download this form at: [www.willowbendlearningcenter.com/ParentForum/Forms](http://www.willowbendlearningcenter.com/ParentForum/Forms)

## TODDLER A DAILYGRAM

### For Toddlers on School Menu OR Stage 3 Meals

Child's Name: \_\_\_\_\_ Day/Date: \_\_\_\_\_

#### Arrival Information: To be filled in by Parents

Arrival Time: \_\_\_\_\_:\_\_\_\_\_ Last Diaper Change: \_\_\_\_\_:\_\_\_\_\_ Last Feeding: \_\_\_\_\_:\_\_\_\_\_  
Last Nap: \_\_\_\_\_:\_\_\_\_\_ How did your baby sleep last night? \_\_\_\_\_  
How can we reach you today?  Work  Home  Other  
Any medication to be dispensed today? ( ) Yes ( ) No (Pl record medications at Frnt Dsk)  
Any bumps, injuries, symptoms or illness? \_\_\_\_\_

#### Meals:

<b>At Breakfast</b>	<b>Parents, please fill out ONLY if your child is on Stage 3 Meals</b>		
<b>I ate:</b>	For Babies on Formula/Breast Milk AND Home+Center Meal combo		
___ all	<i>Do NOT fill if your child is on ALL table foods.</i>		
___ most	• Up to the age of 15 months, your baby may eat a home/school meal combo.		
___ some	• Milk/formula is given <b>at/after each meal</b> .		
___ none	• Once your baby is on table foods, school mealtimes and menu will be followed.		
___ Other	• Walking children cannot be given a bottle/cup <b>after 3:00 pm</b> .		
-----	• <b>After 15 months</b> , you must choose between Home or Center Meals.		
	• <b>After 15 months</b> , notify office if your child is on any <b>special meal/beverage</b> .		
	• <b>After 15 months</b> , leave all home lunches & lunch on the <b>hallway trolley</b> .		
	• <b>After 15 months</b> , only school juice/school water will be served.		
<b>At Lunch</b>			
<b>I ate:</b>	My child is on: ( )Formula ( )Milk ( )Bottle ( )Sippy Cup		
___ all	My child can/cannot eat Table Foods or School Menu		
___ most	List any special instructions for <b>Breakfast (8:00 am)</b> <span style="float:right">Rcvd</span>		
___ some	_____		
___ none	_____		
___ Other	List any special instructions for <b>Lunch (11:30 am)</b>		
	_____		
	_____		
	List any special instructions for <b>PM Snack (2:45 pm)</b>		
	_____		

#### Diaper Changes, etc.

My mood	I took a nap	Diaper Changing Times				Items Needed:
___ Happy	<b>From:</b> _____	Time	Initial	Time	Initials	(Monday)
___ Content	<b>To:</b> _____	7: _____	1: _____	_____	_____	28 Diapers
___ Active	___ Rested Quietly	8: _____	2: _____	_____	_____	80 Wipes
___ Quiet	___ Slept a little	9: _____	3: _____	_____	_____	___ Ointment
___ Tired	___ Did not Sleep	10: _____	4: _____	_____	_____	___ Extra Clothes
___ Other	___ Other Naps	11: _____	5: _____	_____	_____	___ Cereal
		12: _____	6: _____	_____	_____	___ Other
		<b>My clothes were changed today</b>				
		<b>because:</b> _____				

Special Notes: \_\_\_\_\_

Parents: Please make copies of this form, fill out the top portion at home, and hand to the teacher daily.