

Willow Bend Learning Center

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

INFANTS DAILY REPORT

Stage 3 Meals (up to 15 months)

For Babies on Formula/Breast Milk AND Home+Center Meal combo

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:

At Breakfast Parents, please fill out ONLY if your child is on Stage 3 Meals (not Table Food)

I ate: For Babies on Formula/Breast Milk AND Home+Center Meal combo

- all
- most
- some
- none
- Other

- Up to the age of 15 months, your baby may eat a home/school meal combo.
- Feeding time may be adjusted up to ± 25 minutes.
- Milk/formula is given at/after each meal.
- Once your baby is on table foods, school mealtimes and menu will be followed.
- Walking children cannot be given a bottle/cup after 3:00 pm.
- After 15 months, you must choose between Home or Center Meals.

- After 15 months, notify office if your child is on any special meal/beverage.
- After 15 months, leave all home lunches & lunch on the hallway trolley.
- After 15 months, only school juice/school water will be served.

At Lunch My child is on: ()Formula ()Milk ()Bottle ()Sippy Cup

I ate: My child can/cannot eat Table Foods or School Menu

all most some none Other

List any special instructions for Breakfast (8:00 am) Rcvd

List any special instructions for Lunch (11:30 am)

List any special instructions for PM Snack (2:45 pm)

Diaper Changes, etc.:

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

Special Notes:

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

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