

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

INFANT C 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 (PI 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

I ate: My child is on: ()Formula ()Milk ()Bottle ()Sippy Cup
 ___ all
 ___ most
 ___ some
 ___ none
 ___ Other

My child **can/cannot** eat Table Foods or School Menu

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	
___ Happy		7: _____	1: _____			28 Diapers
___ Content	___ Rested Quietly	8: _____	2: _____			80 Wipes
___ Active	___ Slept a little	9: _____	3: _____			___ Ointment
___ Quiet	___ Did not Sleep	10: _____	4: _____			___ Extra Clothes
___ Tired	___ Other Naps	11: _____	5: _____			___ Cereal
___ Other		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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