

Daily Experience Sheet

Date _____

Child's Name _____

Time Arrived _____

Time Departed _____

Number to call if we need to reach you _____

Special Instructions from Parent

- Child needs medicine today (Please fill out medication log if new medication)
- Time of last feeding _____
- Child drank _____ oz.
- Child ate _____
- Awoke _____
- Other Information

Parents, tomorrow please bring:

- Extra Clothes

- Other

Medication _____

Last Dose Given _____

What I Ate Today:
 Breakfast _____
 Lunch _____
 Snack _____

General Well-Being/Disposition of Child or Day's Activities:

Emerging/new skill observed or facilitated today:

Diaper Changes:	Time	*	Time	*	Time	*	Time	*	Time	*	Time	*	Time	*
Wet														
*Bowel Movement														
Nap: Began														
*End														
Bottle:														
*Ounces														

Boo-Boo Report: Today Your Child _____

We helped him by _____

Time it happened _____ Staff who saw it _____