



ImagiNation Learning Center Infant Room



Daily Sheet

Infants Name _____ Today's Date: _____

Contact Person: Mom / Dad / _____ Phone number: _____

Arrival Time: _____ Pick up person: _____ Pick up time: _____

My child ate _____ My child's diaper was changed at _____

My child woke up at _____ My child's quality of sleep was: excellent/great/fair/poor

Special Instructions:

My Diaper was changed at:

_____	_____	wet/bm/dry	_____	_____	wet/bm/dry	_____	_____	wet/bm/dry
_____	_____	wet/bm/dry	_____	_____	wet/bm/dry	_____	_____	wet/bm/dry
_____	_____	wet/bm/dry	_____	_____	wet/bm/dry	_____	_____	wet/bm/dry

My Naps today were at:

_____ to _____	_____ to _____	_____ to _____
_____ to _____	_____ to _____	_____ to _____

Today I drank:

_____ at _____	_____ at _____	_____ at _____
_____ at _____	_____ at _____	_____ at _____

Today I ate:

_____	_____ at _____
_____	_____ at _____
_____	_____ at _____
_____	_____ at _____

My Tummy time was from _____ to _____ _____ to _____ _____ to _____

Please bring the following to school tomorrow:

Diapers	Wipes	Ointment	Clothes
Baby Food	Cereal	Blanket	