

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_

# My Day in Dreamers



Time My Child Woke Up: \_\_\_\_\_

Special Information?

My child slept:  Well  Some  Not Well

Time & What Baby Last Ate: \_\_\_\_\_

If Mommy is coming in to nurse, what time? \_\_\_\_\_

Who will pick up? \_\_\_\_\_ Time: \_\_\_\_\_

### Bottles:

Time: \_\_\_\_\_ Oz: \_\_\_\_\_ of \_\_\_\_\_ Breastmilk Formula

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### Naps:

Time: \_\_\_\_\_ to: \_\_\_\_\_

Time: \_\_\_\_\_ to: \_\_\_\_\_

Time: \_\_\_\_\_ to: \_\_\_\_\_

Time: \_\_\_\_\_ to: \_\_\_\_\_

Time: \_\_\_\_\_ to: \_\_\_\_\_

Time: \_\_\_\_\_ to: \_\_\_\_\_

### Solids:

Breakfast: \_\_\_\_\_

Time: \_\_\_\_\_ all some none Oz. \_\_\_\_\_

Lunch: \_\_\_\_\_

Time: \_\_\_\_\_ all some none Oz. \_\_\_\_\_

Snack: \_\_\_\_\_

Time: \_\_\_\_\_ all some none Oz. \_\_\_\_\_

### Diapers:

Time: \_\_\_\_\_ Init: \_\_\_\_\_  Wet  BM (Firm Loose Diar.)

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### Special Notes:

### My teacher(s) today:

Supplies needed:  Diapers  Wipes  Clothes  Other:

### Time Child Left: