

TODDLER TALES

NAME OF CHILD CARE PROGRAM _____

CHILD'S NAME: _____

NAMES AND POSITION OF STAFF WHO CARE FOR YOUR CHILD:

DATES

	FRIDAY	THURSDAY	WEDNESDAY	TUESDAY	MONDAY (TEAR 1ST)
FEEDINGS/ MEALS WHEN I ATE, WHAT I ATE & HOW MUCH I ATE	FEEDINGS/ MEALS				
NAPS WHEN I NAPPED & HOW LONG I SLEPT	NAPS	NAPS	NAPS	NAPS	NAPS
ABOUT MY DAY, HOW I WAS AND WHAT I DID: ACTIVITIES, SONGS, DISPOSITION, ETC.	ABOUT MY DAY, HOW I WAS AND WHAT I DID:	ABOUT MY DAY, HOW I WAS AND WHAT I DID:	ABOUT MY DAY, HOW I WAS AND WHAT I DID:	ABOUT MY DAY, HOW I WAS AND WHAT I DID:	ABOUT MY DAY, HOW I WAS AND WHAT I DID:
YOUR CHILD NEEDS: DIAPERS, WIPES, UNDERWEAR, SPARE CLOTHES, MITTENS, BOOTS, HATS, SUNSCREEN, DIAPER OINTMENTS, INSECT REPELLANT, ETC.	YOUR CHILD NEEDS:				

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING ANY OF THE ABOVE, PLEASE CONTACT ONE OF THE STAFF NAMED ABOVE.