



notes home® From Day-care



DATE _____

TO _____

We just wanted to let you know how the day was for _____

CHILD'S NAME

— Meals and Snacks —

Morning: Ate well
 Ate less than usual
 Wasn't hungry

— Naps —

Noon: Ate well
 Ate less than usual
 Wasn't hungry

— Toilet —

Afternoon: Ate well
 Ate less than usual
 Wasn't hungry

— Medication —

Medicine _____ Time _____

Medicine _____ Time _____

Medicine _____ Time _____

— Mood —

Active Happy
 Quiet Fussy

Special Things Your Child Did Today _____

Notes _____