



# INFANT DAILY ACTIVITY SHEET

FOR: \_\_\_\_\_ Date: \_\_\_\_\_

Who is picking up child today? \_\_\_\_\_ Time: \_\_\_\_\_  
 (Reminder: tuition covers a 9-hour time slot)

**Food:** What and when did your child eat/drink last:

What? \_\_\_\_\_ When? \_\_\_\_\_ a.m. / p.m.

**Sleep:** How many hours did your child sleep last night? From: \_\_\_\_\_ To: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

**Medication** to be administered at center today? : Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please include medication name and instructions for center:

\_\_\_\_\_

<b># Bottles Brought In</b>
_____

**Special Instructions and/or Information:** \_\_\_\_\_

## MEALS

	Time	Food / Bottle	Amt. Started	Amt. Taken	Initials
<b>Bottles</b>		<i>bottle</i>			
		<i>bottle</i>			
		<i>bottle</i>			
		<i>bottle</i>			
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Snack</b>					

## NAPS

	to	
	to	
	to	
	to	

## MEDICATIONS

	at	
	at	

## DIAPER CHECKS

AM					PM					
7:___	8:___	9:___	10:___	11:___	12:___	1:___	2:___	3:___	4:___	5:___
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Code: D = Dry B = BM W = Wet S = Sleeping

Your child needs:  Diapers  Food  Other \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Staff Use – Sign Out End of Day						
Time	_____	_____	_____	_____	_____	_____
Initials	_____	_____	_____	_____	_____	_____