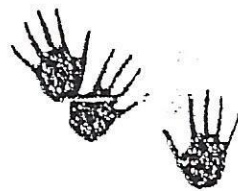


Our Redeemer Child Care Center

INFANT DAILY ACTIVITY REPORT



CHILD'S NAME _____ DATE _____

ARRIVAL INFORMATION


Child seems _____
 Child slept _____
 Child ate _____
 At (time) _____
 Feed again at _____


Thank you.


SPECIAL INSTRUCTIONS

Parent's signature

What I ate today ...

~ BREAKFAST ~ 

~ LUNCH ~ 

~ AFTERNOON ~ 

Name of medication _____
 Given at (times) _____ and _____
 Dosage _____ By _____

DIAPERING

A.M. Arrival _____ 8:00 _____ 9:00 _____
 10:00 _____ 11:00 _____ 12:00 _____

P.M. 1:00 _____ 2:00 _____ 3:00 _____
 4:00 _____ 5:00 _____ 6:00 _____

A=ARRIVAL W=WET D=DRY B=BM
 S=SLEEPING DURING HOUR

NAP TIMES

A.M. _____ P.M. _____

Today I . . .

Teachers: _____

