



Infant Daily Report (6 weeks-12 months)

Child's Name: _____ Arrival Time: _____ Date: _____

*****Parent's Corner:**

Special Instructions For The Day: _____

Baby Last Ate: _____ Time: _____

Breast Milk: _____ Formula (What Kind) : _____

Baby Last Slept: _____ Time: _____

Teacher's Information About Your Baby's Day



Baby Seems: ___ Happy ___ Fussy ___ Not Feeling Well

Baby Slept: From: _____ To: _____ / From: _____ To: _____
 From: _____ To: _____ / From: _____ To: _____

Baby Ate:	___ Breast	Times: _____	
	___ Bottle	Times: _____	Amount: _____
	___ Bottle	Times: _____	Amount: _____
	___ Bottle	Times: _____	Amount: _____
	___ Solids	Times: _____	Amount: _____
	___ Solids	Times: _____	Amount: _____

Diaper Time:

Little Job _____
 Big Job _____
 Diaper ✓ _____
 Last Change _____



Notes To Parents: _____

We Need: _____
