

Infant Check in Form

Parent -- Please complete the following before leaving your child: Arrival Time _____
 Name _____ Day (M T W TH F)

Last Feeding Time _____ (Bottle / Food) Approximate Pick Up time _____

Special Instructions: _____

Parent Signature _____ Daytime Phone _____

Wet - Diaper Change												
6:30	7	8	9	10	11	12	1	2	3	4	5	6
Bowel Movement Change												
6:30	7	8	9	10	11	12	1	2	3	4	5	6
Food / Snack Times												
6:30	7	8	9	10	11	12	1	2	3	4	5	6
Milk / Juice Bottles												
6:30	7	8	9	10	11	12	1	2	3	4	5	6
Naptime												
6:30	7	8	9	10	11	12	1	2	3	4	5	6

➤ Your child will need the following supplies tomorrow

- Diapers
 Wipes
 Diaper Cream
 Lotion
 Powder
 Bath Wash
 Other _____

➤ Notes from the day _____

It is my goal to meet your child's emotional, physical, and spiritual needs to the best of my ability. Therefore, good communication is very important.

Teacher _____ Times _____

Teacher _____ Times _____