

Dallas Day School Penguin Daily Report



Child's Name: _____ Date: _____

I woke up at: _____ I feel: _____

Comments or special instructions: _____

MEDICATION (complete authorization form: [] YES [] NO

NAP TIME: _____ to _____ I woke up: (happy, grumpy, etc.) _____

Today I ate:	None	Some	Most	All	Comments
Breakfast	_____	_____	_____	_____	_____
Snack	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	_____
Afternoon Snack	_____	_____	_____	_____	_____

Today I enjoyed: _____

Special Activity: _____

Diaper/ Pull-Up Changes:
Wet: _____
BM: _____

☺ Teacher Comments: _____

** PLEASE SEND MORE:

[] Diapers [] Wipes [] Change of Clothes [] Other _____

Teacher(s) Signature(s): _____