

1 2 3 kinderstar

Parent/Staff Communication Sheet

Child's Name: _____

Class: Infant

Date: _____

Message From The Parents	Messages From The School
<p>_____ Has diaper rash _____ Has cold symptoms</p> <p>_____ On medication _____ Teething</p> <p>_____ Didn't sleep well last night _____ Didn't eat well before</p> <p>_____ will pick up today</p> <p>_____ Alternate phone# for today</p> <p>Other important message:</p> <p>_____</p> <hr/> <p><u>What we did today</u></p> <p>Manipulative/ Building _____</p> <p>Music & Movement _____</p> <p>Arts & Crafts _____</p> <p>Large Muscle Activity _____</p> <p>Language Activity _____</p> <p>Sensory/ Drama Activity _____</p> <p><u>How did I do?</u> _____</p>	<p>Feeding: 1. Formula _____ ounces Food _____ Time _____</p> <p>2. Formula _____ ounces Food _____ Time _____</p> <p>3. Formula _____ ounces Food _____ Time _____</p> <p>4. Formula _____ ounces Food _____ Time _____</p> <p>Sleeping: 1. _____ to _____ 2. _____ to _____</p> <p>3. _____ to _____ 4. _____ to _____</p> <p>Diapering: _____ BM (Normal/ Firm/ Loose) _____ Wet _____ Dry</p> <p>_____ BM (Normal/ Firm/ Loose) _____ Wet _____ Dry</p> <p>_____ BM (Normal/ Firm/ Loose) _____ Wet _____ Dry</p> <p>_____ BM (Normal/ Firm/ Loose) _____ Wet _____ Dry</p> <p>Disposition: _____ Fine _____ Content _____ Playful _____ Happy _____ Sleepy</p> <p>_____ Teething _____ Very quiet _____ Very Active _____ A little fussy</p> <p>Need to bring: _____ Diaper _____ Wet wipe _____ Blanket</p> <p>_____ Socks _____ Shirt _____ Pants/underwear</p> <p>_____ Food (cereal, vegetables, fruit)</p>