

# Preschool Daily Record

Child's Name:	Date:				
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Arrival Time &amp; Initials</b>					
<b>Departure Time &amp; Initials</b>					
<b>Medicine</b> Check relevant boxes	<input type="checkbox"/> form completed <input type="checkbox"/> fridge lock box <input type="checkbox"/> room lock box	<input type="checkbox"/> form completed <input type="checkbox"/> fridge lock box <input type="checkbox"/> room lock box	<input type="checkbox"/> form completed <input type="checkbox"/> fridge lock box <input type="checkbox"/> room lock box	<input type="checkbox"/> form completed <input type="checkbox"/> fridge lock box <input type="checkbox"/> room lock box	<input type="checkbox"/> form completed <input type="checkbox"/> fridge lock box <input type="checkbox"/> room lock box
<b>Lunch:</b>	___ serving(s)	___ serving(s)	___ serving(s)	___ serving(s)	___ serving(s)
<b>Sleep</b>	___ Slept ___ Didn't sleep	___ Slept ___ Didn't sleep	___ Slept ___ Didn't sleep	___ Slept ___ Didn't sleep	___ Slept ___ Didn't sleep
<b>Areas Played</b>	___ dress up ___ creative ___ math/science ___ blocks ___ shelf toys ___ book/language ___ sensory	___ dress up ___ creative ___ math/science ___ blocks ___ shelf toys ___ book/language ___ sensory	___ dress up ___ creative ___ math/science ___ blocks ___ shelf toys ___ book/language ___ sensory	___ dress up ___ creative ___ math/science ___ blocks ___ shelf toys ___ book/language ___ sensory	___ dress up ___ creative ___ math/science ___ blocks ___ shelf toys ___ book/language ___ sensory
<b>Parent's Messages &amp; Concerns</b>					
<b>Teacher's Program Comments</b>					
<b>Staff's Messages &amp; Comments</b>					