

Warwick Day Care Center

Pre-K Communication Sheet

Child's Name _____ Date _____

I went to bed at _____ I woke up at _____

For Breakfast I had: _____

am taking medication: Yes _____ No _____ If yes, list medication, reason, & dose: _____

Other Important Medical Information: _____

****Who to call today in case of emergency, illness, etc.****

Name _____ **Phone #** _____

Pick-up Permission:

I _____ give _____ permission
to pick up my child _____ today _____
(Date)

Additional Information Teachers should know: _____

Information From Your Child Care Provider

<u>Food</u>	<u>What I ate & how much:</u>	<u>Time</u>
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		

Nap: Yes _____ No _____ Just Rested _____

Special instructions/activities: _____

