

# Warwick Day Care Center

## Preschool Communication Sheet

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

I went to bed at \_\_\_\_\_ I woke up at \_\_\_\_\_

For Breakfast I had: \_\_\_\_\_

I was changed at: \_\_\_\_\_ My Mood this morning: \_\_\_\_\_

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 &amp; how much</u>	<u>Time</u>
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		

**Nap:** Yes \_\_\_\_\_ No \_\_\_\_\_ Just Rested \_\_\_\_\_

#### **Potty Information:**


#### **A note about my day:**


**Your Child Needs:** Diapers \_\_\_\_\_ Wipes \_\_\_\_\_ Other \_\_\_\_\_