

# Warwick Day Care Center

## Toddler 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: \_\_\_\_\_

I 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*

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

#### **Diaper and Potty Information:**

Time \_\_\_\_\_ *My Nap:* \_\_\_\_\_

_____	Wet	BM
_____	Wet	BM
_____	Wet	BM
_____	Wet	BM

<b>We Need:</b>	<b>Diapers</b> _____	<b>Wipes</b> _____
<b>Cream</b> _____	<b>Other</b> _____	

**A Note about my day:** \_\_\_\_\_