Play Dayz Country Kids Station Preschool Daily Experience Sheet

Child's
Full Name_____ Pick-up Time _____

Date _____Arrival Time_____ Pickup Person _____

How well did your child sleep? _____

When did your child last eat? _____ : _____ (time)

Last time child used the potty? _____ : _____ (time) WET / BM

Health Issues

Bumps, Bruises, or Illnesses _____

Any medications needed today? Yes _____ No _____ What _____ When _____

Emergency Contact _____ Number _____

Your Child's disposition today

Happy Tired Active Quiet

Other_____

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Caregiver's Information

Meals B- Breakfast L- lunch S- snack

Time	Type/ Food	Amount Eaten
_____	_____	_____
_____	_____	_____
_____	_____	_____

Today your child explored

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Homework is

_____

_____

Teacher's name _____

Items Needed Thank You

_____

_____