

# My Day at Le Chaperon Rouge

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_

	Diapers	Naps	Bottles	Medications
6:00 am				
7:00 am				
8:00 am				
9:00 am				
10:00 am				
11:00 am				
12:00 pm				
1:00 pm				
2:00 pm				
3:00 pm				
4:00 pm				
5:00 pm				
6:00 pm				

Diapers: D=Dry      W=Wet      BM= Bowel Movement

Breakfast:    ( ) Ate All            ( ) Ate Most            ( ) Ate None  
 \_\_\_\_\_

Lunch:        ( ) Ate All            ( ) Ate Most            ( ) Ate None  
 \_\_\_\_\_

Snack:        ( ) Ate All            ( ) Ate Most            ( ) Ate None  
 \_\_\_\_\_

Daily Activities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_