



Infant Daily Report

(6 weeks-12 months)

Child's Name: _____ Arrival Time: _____ Date: _____

***Parent's Corner:

Special Instructions For The Day: _____

Baby Last Ate: _____ Time: _____

Breast Milk: _____ Formula (What Kind) : _____

Baby Last Slept: _____ Time: _____

Teacher's Information About Your Baby's Day



Baby Seems: _____ Happy _____ Fussy _____ Not Feeling Well

Baby Slept: From: _____ To: _____ / From: _____ To: _____

From: _____ To: _____ / From: _____ To: _____

Baby Ate: _____ Breast Times: _____

_____ Bottle Times: _____ Amount: _____

_____ Bottle Times: _____ Amount: _____

_____ Bottle Times: _____ Amount: _____

_____ Solids Times: _____ Amount: _____

_____ Solids Times: _____ Amount: _____

Diaper Time:

Little Job _____

Big Job _____

Diaper ✓ _____

Last Change _____



Notes To Parents: _____

We Need: _____
