

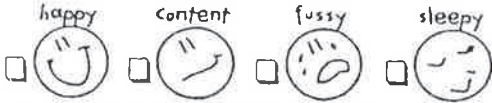
Dianne's Day Care

name: _____

day / date _____



my day was:



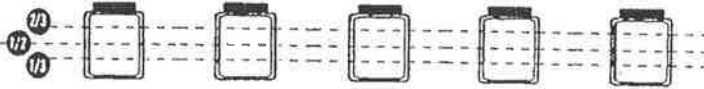
medicine given:

bottles:



when: _____

food:



what: _____

when: _____

naps:



from: _____

to: _____

diapers:



wet:
 wet:
 wet:
 wet:
 wet:
 wet:

"bm":
 "bm":
 "bm":
 "bm":
 "bm":
 "bm":

Please bring...

- diapers
- wipes
- formula
- bottles
- burp cloths
- change of clothes
- Food: cereal
- Food: fruit
- Food: vegetables
- _____
- _____

