

Child's Name _____ Date _____

Parent to complete the following:

Phone # - Today, I can be reached at: _____

Pick-up time: _____

By whom? _____

How did your child sleep? (Please circle one)

Well Fitful Not at all

What time did your child wake up? _____

Did your child eat breakfast? (Please circle one)

Yes / No What? _____

Note to teachers: _____

Please use other side if more room is needed.

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