

Child: _____ Date: _____

Teacher(s): _____ / /

Breakfast: ____:____ None 1/4 1/2 3/4 All

Lunch: ____:____ None 1/4 1/2 3/4 All

Snack: ____:____ None 1/4 1/2 3/4 All

Diapers/Restroom Breaks: D=Dry W=Pee BM=Poop

7	8	9	10	11	12
1	2	3	4	5	6

Please Bring:

- Diapers
- Wipes
- Spare Clothes

Info&Notes_____

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