

Shining Stars Academy



Child Development Center

Nursery II Daily Report

Teacher: _____

Date: _____

Monday

Tuesday

Wednesday

Thursday

Friday

Meals:



Morning Snack:

All Some None

Fluids: Milk Juice Water
oz:
1 2 3 4 5 6 7 8

Lunch:

All Some None

Fluids: Milk Juice Water
oz:
1 2 3 4 5 6 7 8

Afternoon Snack:

All Some None

Fluids: Milk Juice Water
oz:
1 2 3 4 5 6 7 8

Rest Time Schedule:



I slept from _____ to _____.

What we did today: _____

Comments: _____

My mood was:



- Happy
- Chatty
- Playful
- Quiet Cooperative
- Mischievous
- Grumpy
- Sick
- Tired

Please bring the following supplies:



- _____ pairs of underwear _____ change of clothes
- Other _____ Other _____