

# Preschool Daily Report

Date: \_\_\_\_\_

Name of Child:

Arrival Time

Pickup Time:

## MEALS

Breakfast

- None
- Some
- Most/All

AM Snack

- None
- Some
- Most/All

Lunch

- None
- Some
- Most/All

PM Snack

- None
- Some
- Most/All

Notes:

## NAP/REST

Napped today?

- Yes
- No

Notes:



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Date: \_\_\_\_\_

| ACADEMICS  | Notes: |
|--|--------|
| Large Group/Circle   |        |
| Centers:<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |        |
| Math   |        |
| Literacy   |        |
| Outdoor Play   |        |
| Free play  |        |
| Other  |        |
| Notes:   |        |

