

Child Schedule Card

Child's Name _____ Parent's Name _____

Parent's Location _____ Security Tag # _____ Cell or Pager # _____

Special Instructions _____

	Time	Amount
Milk/Juice		
Snack		
Nap		

Allergies? _____ Pacifier? Yes ___ No ___

Time last fed _____

For Teacher's use only

TIME	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00

Code: **W**-wet; **D**-dry; **BM**; **P**-potty; **M**-milk; **J**-juice; **S**-snack; **N**-nap

Special note to parent _____

SEND HOME WITH PARENT OR CAREGIVER

Resource Item 1: Child Schedule Card

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