



EDUCATIONAL PLAYCARE, LTD.

InfantGram

Name _____ Date _____ Time in _____

Time your child awoke? _____ Breakfast? No _____ Yes _____ Time _____

Any special needs today? _____

Overall Disposition

- Cooperative Happy
- Curious Shy
-

Supplies Needed

- Diapers Wipes
- Clothers Other

Diapering

Time / Comments
(Wet, Dry, BM, Rash, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

Naps

Feedings

Time / Item & Amount

_____	_____
_____	_____
_____	_____
_____	_____

Today I enjoyed _____
