

## CDO TADPOLE ROOM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Time In \_\_\_\_\_ Time Leaving \_\_\_\_\_

Snack at 9:30? ☐ Yes ☐ No Did you bring your own snack? ☐ Yes ☐ No

Are Cheerios and graham crackers okay? ☐ Yes ☐ No

Lunch? ☐ Yes ☐ No Nap? ☐ A.M. ☐ P.M.

Last Bottle @ \_\_\_\_\_ am Woke @ \_\_\_\_\_ am

Medications / Allergies \_\_\_\_\_

Please circle what you have in the diaper bag:

Pacifier Cup Bib Bottle Spoon Lunch

Special Instructions: \_\_\_\_\_

### FOR CAREGIVER USE ONLY

Bottle @ \_\_\_\_\_

Snack @ \_\_\_\_\_ Lunch @ \_\_\_\_\_

Diaper Change Time

Wet?

BM?

☐ Yes ☐ No ☐ Yes ☐ No

☐ Yes ☐ No ☐ Yes ☐ No

☐ Yes ☐ No ☐ Yes ☐ No

☐ Yes ☐ No ☐ Yes ☐ No

Slept from: \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

Caregiver Comments: \_\_\_\_\_