

LOMA LINDA ACADEMY  
CHILDREN'S CENTER

COMMUNICATION SHEET

TADPOLE

Parent Information

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Drop off time: \_\_\_\_\_

Time you expect to pick up your child: \_\_\_\_\_ By Whom? \_\_\_\_\_

My child went to sleep last night at: \_\_\_\_\_ Awoke at: \_\_\_\_\_ Ate breakfast at: \_\_\_\_\_

Bottle \_\_\_\_\_ oz and /or Solids \_\_\_\_\_

Additional Information: \_\_\_\_\_

Teacher's Comments

How I ate today:

Diapering:

Time: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ DRY WET BM

Time: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ DRY WET BM

Time: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ DRY WET BM

Time: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ DRY WET BM

Time: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ DRY WET BM

Time: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ DRY WET BM

Need the following supplies:  Diapers  Ointment  Wipes  Food  Clothes

Sleeping:

\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_