Beetle Day Care
... home of happy, healthy kids

Baby's Daily Journal

Child's Name:_____ Date:_____

Parents Name (s) _____

My baby woke at _____ am/pm (or napped from……. ..to...……) and slept at…….

Well	Restless	Longer/Shorter than Normal

My baby's last bottle was at _____am amount _____ oz.

My baby ate _____

My baby's last diaper change was at _____am/pm

Will your baby need medication today? Y/N. If yes, what & when?

Approx. pick-up time: _____am/pm. By whom? _____

Your baby needs: Diapers   Wipes   Extra Clothes

Meals

Time	Bottles	Food Ate:	Some	None	All

Naptime

to	
to	
to	
to	

Diaper Time		Cream	Changed Outfit
	D/W/BM	Yes/No	Yes/No
	D/W/BM	Yes/No	Yes/No
	D/W/BM	Yes/No	Yes/No

Today your baby was:

Happy	Playful
Fussy	Tired

Just to let you know….