



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Comments: **(Please indicate approximate pick up time)**

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How much I ate today: FOOD		Liquids offered: DRINK	When I slept today: SLEEP
Breakfast		H2O	-----
Morning Tea	x serve	H2O	From:
Lunch	x serve	H2O	To:
Dessert	x serve	H2O	From:
Afternoon Tea	x serve	H2O                  Milk	To:
Supper	x serve	H2O	-----

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