Weekly Check in Form for the Week of : _____

Child name: _____

Activities	Monday	Tuesday	Wednesday	Thursday	Friday
How did your child sleep last night?	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:
When did your child eat last?					
How is your child's mood today?	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:
Will you be picking up your child at the normal time today?	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____
Is there any medication that needs to be given to your child today?	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)
Were any medications given at home today?	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____
Any cold or illness symptoms?					
Any new bumps or bruises?					
Additional Comments	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____

Weekly Check in Form for the Week of : _____

Child name: _____

Activities	Monday	Tuesday	Wednesday	Thursday	Friday
How did your child sleep last night?	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:
When did your child eat last?					
How is your child's mood today?	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:	□ Fine □ Other:
Will you be picking up your child at the normal time today?	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____	□ Yes □ No Who_____ When_____
Is there any medication that needs to be given to your child today?	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)	□ Yes □ No (f there is, please complete a medical authorization form)
Were any medications given at home today?	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____	□ Yes □ No What_____ And when was the last time you gave it to your child_____
Any cold or illness symptoms?					
Any new bumps or bruises?					
Additional Comments	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____	Time in:_____ Sign/Initial:_____ Time Out: :_____ Sign/Initial:_____