

LOMA LINDA ACADEMY CHILDREN'S CENTER

909-796-0161 • www.lla.org/childrenscenter

COMMUNICATION SHEET

BARNYARD

Parent Information

Child's Name: _____ Date: _____

Parent's Name: _____ Phone: _____ Ext: _____

Time you expect to pick up your child _____ By Whom? _____

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

Additional Information: _____

Teacher's Comments

Health Check

Temp: _____ Eyes: _____ Ears: _____ Nose: _____ Throat: _____ Mood _____

Comments: _____

Snacks offered: A.M. _____ P.M. _____

Lunch: Most/All Half Some Comments: _____

Naptime: Slept Rested Restless Comments: _____

Below are some anecdotes regarding today's events:

Group Activities: _____

Notes: _____

Toilet Training Comments: _____

Please check your paper cubby.

Your child needs the following items: _____

Your child had an accident, please take home: _____

Soiled clothing Bedding to be laundered