Babysitter Check-In Form

Date:_____

Child name:_____

Today's Mood

_____was: happy sad angry excitable tired

Mealtime:

Breakfast: ate most some none
Lunch: ate most some none
Dinner: ate most some none
Kitchen items you may be low on:

_____ _____ _____

_____ _____ _____

Sleep

of naps today

Nap 1: slept well dozed a bit wasn't tired today
Nap 2: slept well dozed a bit wasn't tired today

Potty Time

_____ diapers today
_____ tries on the potty
_____ of accidents

Bathroom items you may be low on:

Diapers Wipes Toilet Paper