

Teacher Comments:

Halsey Schools recognizes that every child is special and deserving of individualized care. Please help us cater our program to your child's needs by completing the following. **Office:** 818-992-1942 | **Infants:** 818-835-1629

Signature:___

Parent's Wellness Check: (Please Circle) Virus free zone - no temps 99> No illnesses Fever yesterday? Yes No Any fever reducing medicine yesterday? Yes No Any fever reducing medicine today? Yes No Attention of the part of th	Child's Name:										Date:				
Fever yesterday? Yes No Any fever reducing medicine today? Yes No Any fever reducing medicine yesterday? Yes No Any fever reducing medicine today? Yes No Ary fever reducing medicine today? Yes No Any fever reducing medicine today? Yes No Ary fever reducing medicine today? Yes No No Estable property of the	Parantia Wallness Chacks (Places Cirola) Virus fros zona, no tempo 005 No illnesses														
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You're all done. Thank you!				Note	Notes: A						te: Breakfast Bottle Nothing				
Type of Food	Notes:	lotes:													
Feeding Time Type of Food Amount															
Sleeping Time Length of Time Comments	/ou're all done. Thank you!														
Friendly Reminder: If circled your child needs more: Food Diapers/Wipes Formula Bottles Clothing Diapers 7 8 9 10 11 12 1 2 3 4 5 6 Wet	Feeding Time		Type of Food								Amount				
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	Diapers	7	8	9	10	11	12	1	2	3		4	5	6	
Dry Dry	Wet														
	Dry														
B.M.	B.M.														