

AMS Preschool: Summer Parent-Teacher Communication

Parent Section

Child's Name: _____ Date: _____

What time did your child wake up? _____ Did your child eat breakfast today? Yes No

Child slept (circle one): All night Most of the night Little/no sleep

Any new marks/bruises or new symptoms?(runny nose, cough, congestion, rashes, etc)

Pick-up time today: _____

Notes to Teachers:

Teacher Section

Gross Motor Time	<input type="radio"/> Inside: _____ <input type="radio"/> Outside: _____
Lunch Time	<input type="radio"/> Ate some <input type="radio"/> Ate all
Quiet Time	<input type="radio"/> Slept from _____ to _____ <input type="radio"/> Stayed awake and worked quietly

Themed Activity for the Day

Notes from Teachers:
