



PRESCHOOL DAILY REPORT

NAME: _____

DATE: _____

MEALS

TYPE	FOOD	QUANTITY
AM SNACK		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS
LUNCH		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS
PM SNACK		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS
OTHER		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS

REST

START	END
NOTES:	

COMMENTS

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