

# KIDDIE GRAM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Today I ate:

Breakfast: \_\_\_\_\_

Snack/AM: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snack/PM: \_\_\_\_\_

I napped from:

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

I helped:

\_\_\_\_\_  
\_\_\_\_\_

Today I:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> I played outside | <input type="checkbox"/> Paint/Art & Crafts | <input type="checkbox"/> Music & Movement    |
| <input type="checkbox"/> Went to the park | <input type="checkbox"/> Dramatic Play      | <input type="checkbox"/> Computer Activities |
| <input type="checkbox"/> Read Books       | <input type="checkbox"/> Colored            | <input type="checkbox"/> Sensory             |

I played with my friend(s):

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We're working on the following  
Preschool activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

