ARRIVAL TIME _____

DISCOVERY POINT DAILY INFANT REPORT

Name

Date

Food Intake

Diaper Changes

Urine	Stools	Time	Description
SLEEP TIMES:			

Please Bring More: _____

_____

_____

INFANT..FT 6/1/92 2 up

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ARRIVAL TIME _____

DISCOVERY POINT DAILY INFANT REPORT

Name

Date

Food Intake

Diaper Changes

Urine Stools Time Description

SLEEP TIMES:

Please Bring More:

INFANT..FT 6/1/92 2 up

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