

AMS School Age – Summer Program Communication Sheet

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	<ul style="list-style-type: none">• Inside: _____• Outside: _____
Lunch Time	<ul style="list-style-type: none">• Ate some• Ate all
Themed Activity for the Day	<ul style="list-style-type: none">• _____

Notes from Teachers: