

Name:

date:

MOOD:



diapers

Wet

Dirty

Feedings



Time

Breast (time)  
L R

Bottle (oz)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tummy Time

Start

End

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Sleep/Naps

Start

End

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Activities

Activity Time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

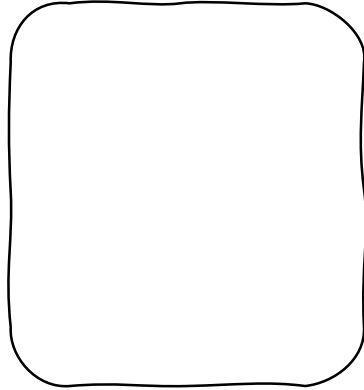
Notes:



Name:

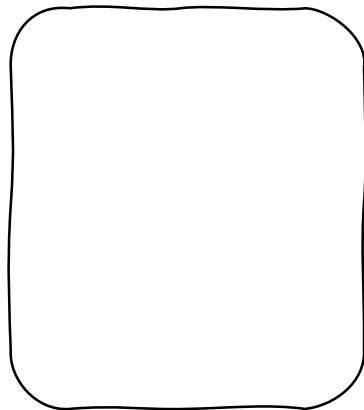
Age:

I am:

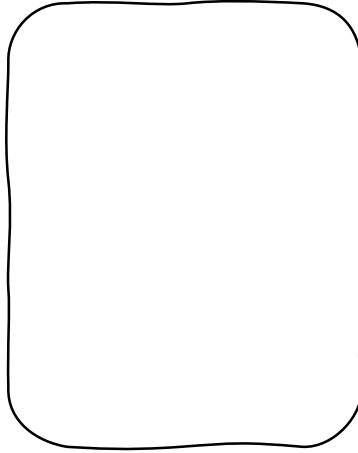


long

I weigh:

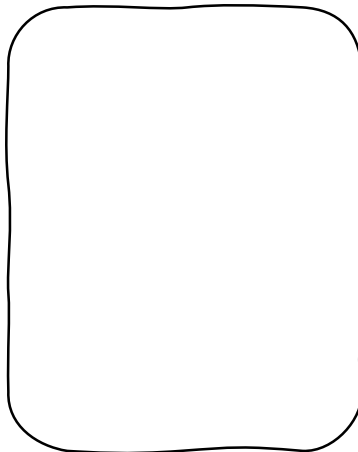


I love to:

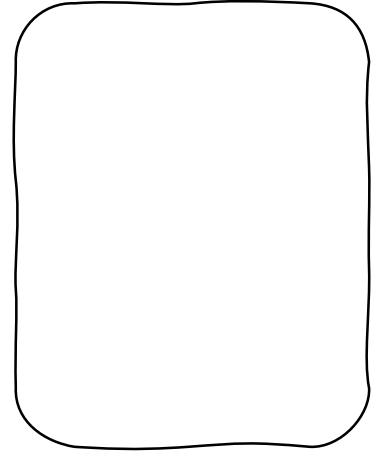


My favorite

food is:

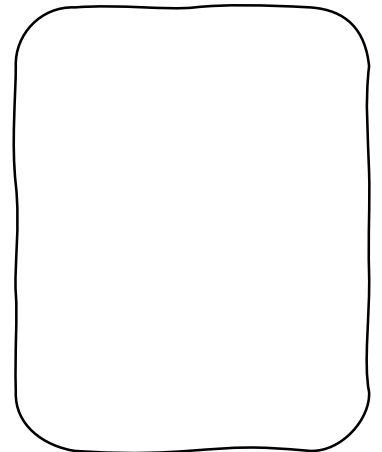


I can say:



I am funny

when I:



My parents want to make sure and remember:



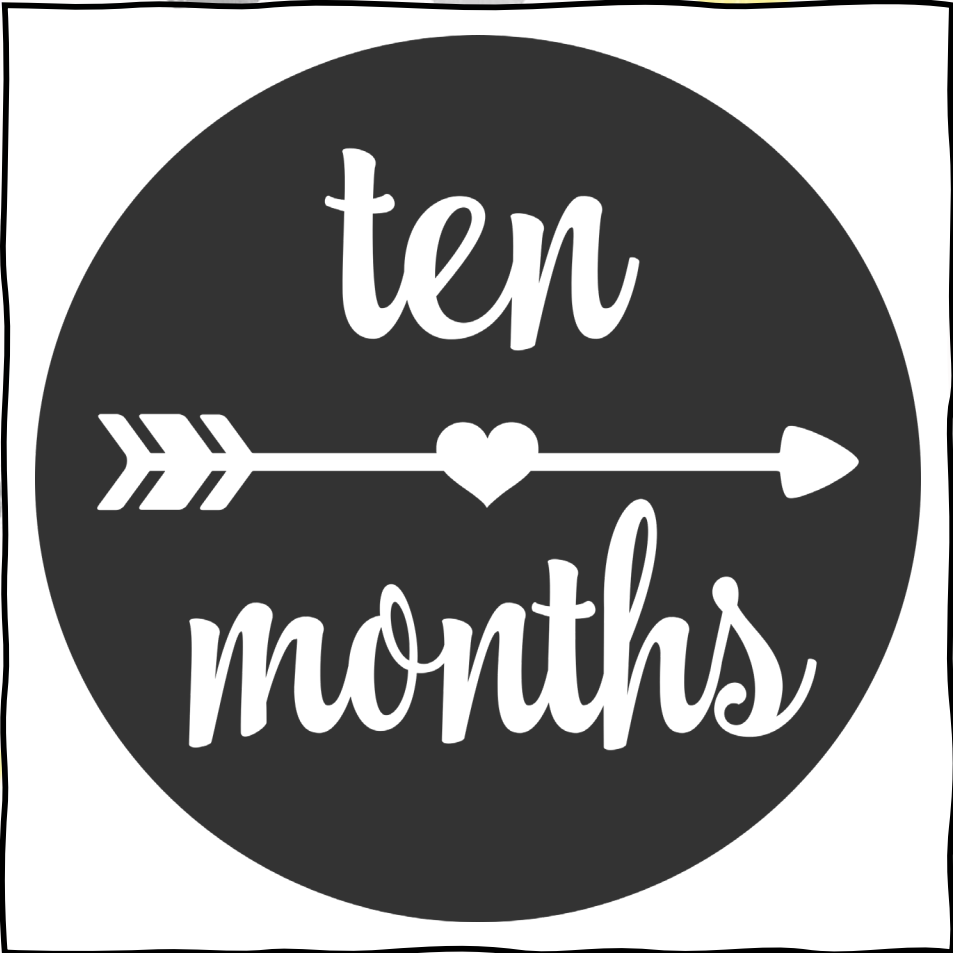
three  
  
months

four  
  
months











eleven  
  
months

twelve  
  
months