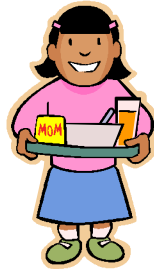


Small Beginnings School

Take home note

2 ½ years -5 years



Child's Name: _____ Date: _____

Nutrition

*Your child ate morning snack:

Not at all

Some

All

*Your child ate lunch:

Not at all

Some

All

*Your child ate afternoon snack:

Not at all

Some

All

Parent notes to teacher: _____