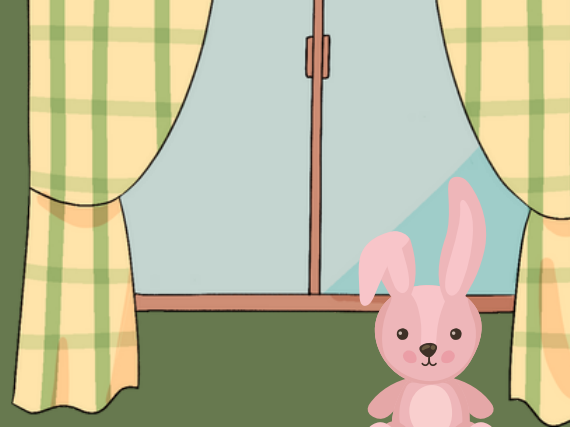


BABY CARE JOURNAL

Date: _____



Food

Time	Food	Amount	
Total			

Sleep

From	to	Amount	
Total			

Diapers

Time	Pee	Poop	
Total			

Play

From	to	Amount	
Total			

Notes

