|  |  |
| --- | --- |
| **Child’s Name**  | **Current Weight**  |
|  |  |

**Monthly Weight Record**

**Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Weight is to be submitted no later than the 10th of each Month**

**ASW Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**