



Woodside School, Inc.

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CHILD SCHEDULE AND BACKGROUND

Date of Admission: _____ Date of Birth: _____

Child's Name: _____

Address: _____

Home Phone: _____

Other family members at home: _____

Has your child attended group care or preschool before? _____

Briefly describe your child's experiences in prior group situations below:

What is your child's typical daily schedule at home (AM wake-up, naps, meals, bedtime, and toileting)? _____

Does your child have any allergies? (If yes, please explain): _____

What are some of your child's favorite experiences at home? (foods, games, toys, sports, etc.)? _____

How does your child like to be comforted when upset? _____

How do you manage behavior issues at home? _____

Does your family celebrate any special traditions/holidays? _____

Would you be willing to share any family traditions with your child's class (cooking, singing, art projects, etc.)? _____

What are your expectations for your child's experiences at Woodside?

Other information you would like us to know about your child: _____

Parent(s) Signature: _____

Date: _____