NORTH WALL
SCHOOLS

CHILD'S INDIVIDUAL SCHEDULE

Child's name: _____ Date:_____

(MUST BE FILLED OUT BY PARENT **PRIOR** TO INFANT'S FIRST DAY/VISIT AT SCHOOL)

TIME	
7:30-8:30	
8:30-9:30	
9:30-10:30	
10:30-11:30	
11:30-12:30	
12:30-1:30	
1:30-2:30	
2:30-3:30	
3:30-4:30	
4:30-5:30	

How do you put your child to sleep? _____

_____

How do you comfort your child's tears?_____

_____

Does your child have a favorite toy? _____

_____