



A Modern Education
In A Traditional Setting

Prep Enrolment Questionnaire

Please take time to complete this questionnaire to assist us in meeting your child's educational needs in the best possible way.

1. Child's Name: _____

2. Preferred name (if applicable): _____

3. Date of birth: _____ (Day/Month/Year)

4. Parents'/Caregivers' Names: _____

5. Names and ages of siblings in the family and current year level, if already at school:

a. _____ Year level: _____

b. _____ Year level: _____

c. _____ Year level: _____

d. _____ Year level: _____

6. Has your child attended a pre-prep programme of any kind or been in non-parental care on a regular basis?

Yes No

If "yes", what type of care facility and how often?

Type of Facility	Number of days per week	Name of Facility
Day care centre		
Family day care		
Grandparent/other relative		
Kindergarten		
Early Childhood Developmental Programme		
Other:		

7. MILESTONES:

Walking:

- Before 12 months 12 to 18 months 18 months to 2 years Other

Talking:

- Before 18 months 18 months to 2½ years 2½ to 3 years Other

8. Do any areas of your child's development concern you? (e.g. late milestones, difficult pregnancy or birth, fears, security toys or habits e.g. thumb sucking, blanket etc?)

9. Does your child have a regular bedtime? Yes No

10. Does your child have a daytime sleep? Yes No

11. HEALTH AND PHYSICAL DEVELOPMENT

Has your child had any support/intervention from the following health professionals:

	YES	NO	TYPE OF ASSISTANCE PROVIDED
Optometrist			
Audiologist			
Speech Language Pathologist			
Occupational Therapist			
Physiotherapist			
Developmental Assessment Team			
Child Psychologist			
Other			

12. Is your child on a waiting list for any of the aforementioned services? If so, please provide details:

13. Does your child have any special needs or medical conditions, special diet, specific food allergies or intolerances? If so, please provide full details of condition and any medication your child is taking or may need:

14. SOCIAL/EMOTIONAL DEVELOPMENT

Does your child:

	YES	NO	SOMETIMES
Use the toilet independently			
Dress independently			
Ask for help when needed			
Follow instructions			
Socialise with others			
Contribute to adult conversations			
Repeat rhymes, songs or dances			
Work alone at an activity for up to 10 minutes			
Apologise without a reminder			
Take turns in a game			
Follow rules in an adult led activity			
Greet familiar adults without reminders			
Ask permission to use a toy			
Use manners without prompting			
Stay in own garden/playground area without wandering			
Play near and talk with other children			
Prefer to play alone			
Prefer to play with others			
Run away or hide when faced with certain situations			
Experience any fears/anxieties (please specify)			

15. What are your child's strengths/what does your child do well?

16. List areas of play/learning that your child is interested in:

17. Does your child participate in any out-of-school activities (eg. soccer, drama, dance, music, swimming)?

18. Have there been any changes in the family recently that may be helpful for us to be aware of?
(examples include: new baby, moving house, absence of a parent, marriage, separation of parents, death in the family, family illness)

19. Who will be bringing and collecting your child from Prep?
(If this information is not yet available or changes at any time during the school year, please let us know)

20. Additional information/ Special requests:

Thank you for taking the time to complete this form. We will endeavour to use this information to make the introduction of your child into Prep as easy and happy as we possibly can.

We will look forward to seeing you and your child at our Orientation Morning in November with the date to be confirmed and of course, again in 2021!

Form completed by: _____ (Print name)

_____ (Signature)

Relationship to student: _____ Date: _____

