



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
Kindergarten		
Family day care		
Day care centre		
Kindergarten		
Early Childhood Developmental Programme (ECDP)		
Other:		

Is the centre an approved Kindergarten? Yes or No

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. speech, 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 recent support/intervention, visits to the following health professionals:

	YES	NO	TYPE OF ASSISTANCE PROVIDED
Optometrist (Visit to the optometrist is recommended before starting school.)			
Audiologist			
Speech Language Pathologist			
Occupational Therapist			
Physiotherapist			
Developmental Assessment Team			
Child Psychologist			
Paediatrician			
ECDP			
Other			

12. Is your child on a waiting list for any of the above 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	Comments
Use the toilet independently (this includes taking on and off clothes and underwear, wiping, flushing, hand washing)				
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) eg: loud noises, the dark, clowns etc				

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, custody orders)

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. Languages spoken at home. _____

21. Additional information/ Things we should know/ 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.

Form completed by: _____ (Signature)

_____ (Print name)

Relationship to student: _____

Date: _____