PREP ENROLMENT QUESTIONNAIRE

Please take the time to complete this questionnaire to assist us in meeting your child's educational needs in the best possible way. Additional note space has been provided on the last page if there is insufficient space in some questions.

Child's Name:	Preferred Name:	D.O.B:
1. Names and ages of siblings in the fa	mily:	
2 What arrangements have you made:	for bringing and collecting your child from Pr	en2 Rv whom?
	Front gate drop off/pick up Catch	
Other:	_ , , , , , , , , , , , , , , , , , , ,	
3. Any information on family changes r	ecently? i.e. just moved house, absence of pa	rent, family illness etc
· ·	a regular basis? Y/N me (at least six hours a day, 5 days a week) time (less than six hours a day, or not every d	lay)
5. What type of care facility -		
☐ Day Care Centre	☐ Family Day Care	O O
☐ Grandparent/other relative		USEF
☐ Nanny	 Other(Including friends or neighbore) 	urs)
6. What do you see as the value of the	preparatory year for your child?	
7. Do any areas of your child's developn security toys or habits, eg thumb suck	nent concern you? (eg late milestones, difficu ing, blanket)	ılt pregnancy or birth, fears,
8. Does your child have any medical con	ditions, special diet, specific food allergies o	r intolerances?
9. Please note any difficulties with:		10 0
Sleep patterns		
Movement		县上_
Speech language		
Hearing		Λ -
Vision		
Appetite		\triangle $($
Toileting/Dressing Self		41 11/1
Behaviour		· WLT 6
Fears		
Hospitilisation / Operations		

10. MILESTONES Walking- Before 12months	□12months to 18months		18 months to 2 years		
<u>Talking</u> ☐Before 18 months	18 months to 2 ½ years		🗖 2 ½ to 3 years		After 3 years
11. Has your child been immun	zed? Y/N				
12. Does your child have a day time sleep? Y/N If ye		If yes how lo	ong?		
13. Has your child had any sup	oort/intervention in a	ny of the follow	ving areas:		
Eyes and Hearing Check	□ No	□ Yes : at	what age		for how long
Speech Language Pathology	□ No	□ Yes : at	what age		for how long
Occupational Therapy	□ No	□ Yes : at	what age		for how long
Physiotherapy	□ No	☐ Yes ∶at	what age		for how long
Development Assessment Tean	n □ No	☐ Yes : at	what age		or how long
Other:					
What assistance has been prov					
, , , , , , , , , , , , , , , , , , ,					
14. Social/Emotional Developme	<u>nt</u>				
Ask for help when having diffic	ulty		Yes 🗖	No 🗖	
Contributes to adult conversati	on		Yes 🗖	No 🗖	
Repeats rhymes, songs or dances			Yes 🗖	No 🗖	
Is able to work alone at an activity for up to 10 minutes			Yes 🔲	No 🗖	
Will apologize without a reminder			Yes 🗖	No 🗆	
Will take turns in a game			Yes 🗆	No □	
Co-operates with adult requests			yes □	No 🗖	*
Follows rules in an adult led act	•		Yes □	No 🗆	
Is able to answer the telephone May become angry but beginning		•	Yes 🛮	No 🗖	
(less chance of temper tantrum	-		Yes 🗖	No 🗖	
Greets familiar adults without reminders			Yes 🗖	No 🗖	
Ask permission to use a toy			Yes 🗖	No 🗖	-0
Increasingly says "please" and 'thank you' without reminders			Yes 🗆	No 🗖	
Engages in socially acceptable be	•		Yes 🗖	No 🗍	A B
Stays in own garden/playground area			Yes 🗍	No 🗖	all 80
Plays near and talks with other children			Yes 🗖	No 🗖	
Often prefers to play with others			Yes 🗖	No 🗖	

15. In you opinion, what are your child's strengths/what does your child do well?				
16. List area of play / learning that your child is interested in:				
17. Does your child participate in any out of school activities eg soccer, pottery, drama, dance music, swimming?				
18. Is there any information on your family's cultural background, languages other than English spoken at home, religious beliefs etc we need to consider in the program?				
19. Does your child attend any language or religion classes (eg: Sunday School, Hebrew classes)				
20. What is your child's country of birth?				
Other notes (if insufficient space was provided):				

Thank you for taking the time to complete this questionnaire.



