



Prep Enrolment Questionnaire

Please complete and return with Enrolment Booklet.

CHILD'S INFORMATION

Child's First Name: _____ Preferred Name: _____

Child's Surname: _____ D.O.B: ____ / ____ / ____

Parent/s and/or Carer/s Name/s: _____

Names of siblings	Current Age	Comments (e.g. attends BMSS, daycare, kindy etc)

Does the child reside with you full time? **YES / NO**

If no, please advise of child's living arrangements/custody details.

Any recent family changes? (If yes, please provide information below) **YES/NO** (Please circle)
i.e. moved house, absence of parent, family illness etc.

PREVIOUS PLACEMENTS

Has your child attended a kindergarten or child-care centre in the year prior to commencing school?

YES / NO

If yes, name and location of current or most recent Early Childhood Education Centre or Kindy:

How many days a week does your child attend? _____ Days Attended **M / T / W / TH / F**

Please provide any relevant information about friendship groups that have been positive or negative that could affect class placement of your child.





PLAYGROUP

Do you and your child currently attend a playgroup? YES / NO

If yes, which group? _____

CULTURE, LANGUAGE AND RELIGION

Would you like to share any information on your family's cultural background, languages spoken? at home (other than English), religious beliefs etc. that we should take into consideration?

YES / NO Language/s spoken at home: _____

Is an interpreter required? YES / NO

Other information: _____

INTERESTS

Does your child participate in any out of school activities? E.g. Sport, drama, dance or music

YES / NO if yes, please provide information below:

SUPPORT, INTERVENTION AND TESTING

Has your child had any of the following? If yes, please provide information below and any supporting documentation relating to the following questions. If waiting for an appointment, please advise in comments.

Vision TestYes/No _____

Hearing Check..... Yes/No _____

Speech Language Pathology Yes/No _____

Occupational TherapyYes/No _____

Physiotherapy.....Yes/No _____

Counsellor/Psychologist.....Yes/No _____

Paediatrician.....Yes/No _____

ECDP.....Yes/No _____

Other: _____





Does your child currently have, or are you seeking a medical diagnosis for your child?

YES / NO / UNSURE

If yes, please give details of diagnosis obtained or steps taken so far:

INDIVIDUAL CAPABILITIES

Please tell us some more about your child's current school readiness capabilities.

It is OK if your child has not yet reached these milestones.

		Yes	No	Sometimes
1	Can recognise their own name			
2	Can write their own name			
3	Handedness established – right / left (please circle)			
4	Cuts paper using scissors			
5	Shows interest in books and can turn pages			
6	Visually recognises some letters of the alphabet (e.g. those in their name)			
7	Visually recognises numbers 1-10			
8	Verbally counts to 10 (or beyond)			
9	Speaks to get their needs met – asks to go to the toilet, get a drink etc			
10	Speaks to others – can hold a conversation			
11	Plays with and talks to other children			
12	Listens to and follows a simple instruction			
13	Can toilet themselves independently			
14	Can manage taps and washing hands by themselves			
15	Recognises their own belongings e.g. lunch box, water bottle			
16	Often prefers to play on their own			
17	Stays in own area/playground (does not leave designated area)			
18	Manages emotions without getting physical			
19	Manages emotions without getting too distressed			
20	Separates from parent/carer without becoming upset			

Further information about any of the above or anything more you wish to share about your child to aid in a smooth transition.

