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.

Child’s Name: ____________________________  Preferred Name: ____________________________

D.O.B: ____________________________

1. House Occupants, please include Parents and siblings names:
_______________________________________________________________________________
_______________________________________________________________________________

2. What arrangements have you made for bringing and collecting your child from Prep? By whom?

☐ Parent drop off/pick up  ☐ Catching Bus to/from

☐ Other: ________________________________

3. Does your child have any medical conditions, special diet, specific food ALLERGIES or intolerances?
_________________________________________________________________________________
_________________________________________________________________________________

4. Is your child on any medication  ☐ Yes  ☐ No
   If yes, name of medication: ____________________________
   Amount: ____________________________  Time taken: ____________________________

5. Please note any concerns with:
   • Sleep patterns ____________________________
   • Movement ____________________________
   • Speech language ____________________________
   • Hearing ____________________________
   • Vision ____________________________
   • Toileting/Dressing Self ____________________________
   • Behaviour ____________________________
   • Fears ____________________________
   • Eating/Feeding ____________________________

6. Has your child had any support/intervention in any of the following areas:

- 1 -
• Hearing Checked  □ No  □ Yes  at what age ___
• Eyes Checked  □ No  □ Yes  at what age ___
• Speech Language Pathology  □ No  □ Yes  at what age ___
• Occupational Therapy  □ No  □ Yes  at what age ___
• Physiotherapy  □ No  □ Yes  at what age ___
• Development Assessment Team  □ No  □ Yes  at what age ___
• Are you registered with Disability Services  □ No  □ Yes  at what age ___
• Other: ___________________________________________________________________

What assistance has been provided for any of the above difficulties?
___________________________________________________________________________________
___________________________________________________________________________________

7. In your opinion, what are your child’s strengths/what does your child do well?
___________________________________________________________________________________
___________________________________________________________________________________

8. List area of play/learning that your child is interested in:
___________________________________________________________________________________
___________________________________________________________________________________

9. Does your child participate in any out of school activities eg: swimming?
___________________________________________________________________________________

10. 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?
___________________________________________________________________________________

11. Special interests (favourites)

• Favourite food & drink: ____________________________

• Least favourite food & drink ____________________________

• Favourite Song/music/group E.g. Wiggles etc ____________________________

• Favourite Cartoon/TV show ____________________________

• Favourite Story ____________________________

• Favourite play activity at home E.g. riding bike, computers ____________________________

• Favourite routine at home E.g. bath, dinner, bedtime ____________________________

• Favourite Friend/Person ____________________________

• Favourite Toy/item ____________________________

• Dislikes/fears ____________________________

• Other information you would like to share: ____________________________