

ADDITIONAL INFORMATION FOR PREP ENROLMENT

Sibling Details (including children not yet attending school):-

Name	Boy/Girl	Age	Year level	School (if attended)

Has your child attended a kindergarten or child care centre?	Yes	No
Which centre?		
How many days per week did your child attend?		
How does your child feel about starting Prep?		
How do you think they will react?		
How do you feel about your child starting Prep?		
Do you have any concerns about your child's development or ability to cope at Prep?		
What do you expect your child to achieve?		

What reading experiences has your child had at home?		
• Being read to:	Yes	No
• Looking through books	Yes	No
• Reads books:	Yes	No
• Doesn't read:	Yes	No
• Not interested in books:	Yes	No
Can your child form the letters of their name?	Yes	No
Shows interest in counting/numbers?	Yes	No
Recalls words to song/rhyme?	Yes	No
How long can your child concentrate on one particular task before losing interest?		
<input type="checkbox"/> less than 5 min <input type="checkbox"/> 5- 15 min <input type="checkbox"/> more than 15 min		
Are you willing to volunteer to help in the class?	Yes	No
Religion – does your family observe any particular religious practices that we need to know of?		
Any further information you feel we should know about?		