



CHILD INFORMATION QUESTIONNAIRE

Kindergarten

Name of child: _____

Date of birth: _____

Address: _____

Home Phone: _____ Mobile: _____

Is your child living with: both parents _____

one parent _____

other _____

Court orders: Yes No _____

Who lives at your house?: _____

Your child has been cared for at home mainly by: parents _____

other _____

Parent Guardian 1 : _____

Address: _____

Home Phone: _____ Mobile: _____

Occupation: _____

Employer: _____ Work Phone: _____

Parent Guardian 2 : _____

Address: _____

Home Phone: _____ Mobile: _____

Occupation: _____

Employer: _____ Work Phone: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Siblings at school: _____

Names and ages of other children in the family:

1. _____ Age: _____ 2. _____ Age: _____

3. _____ Age: _____ 4. _____ Age: _____

5. _____ Age: _____ 6. _____ Age: _____

Has your child attended? _____ day-care

family care

playgroup

Does your child attend day-care? Yes No

Name of day-care: _____

Phone: _____

Please specify days and times attending: _____

Is your child used to socialising with other children of the same age? Yes No

Does your child mix readily with other children? Yes No

Does your child have a friend who will be attending kindergarten? Yes No

Do you have any concerns about your child's behaviour? Yes No

Is any language other than English spoken at home? Yes No

How long has your family lived in the area? _____

Are you agreeable to your child participating in 'special day' activities? Yes No
(ie Birthdays, Easter and Christmas)

Are you agreeable for photos of your child to be used in class displays and their
scrapbook? Yes No

Is your child? left handed

 right handed

 uses both hands

Is your child able to attend to his / her toileting needs? Yes No

Does your child have any medical problems? Yes No

(Please specify): _____

Physical? eg walking, ear nose, throat, speech, eyes etc. (Please specify): _____

Does your child have any allergies or disabilities that we should know about?
Yes No (include food)

Is your child on prescribed medication or under medical treatment? Yes No

Reason? _____

Is your child under specialist treatment? (ie speech therapy) Yes No

Did you experience a normal pregnancy with this child? Yes No

Do you feel your child's physical, emotional and social development has been as expected so far? (ie reaching the appropriate milestones). Yes No

Are you child's immunisations up to date? Yes No

Who has responsibility for collecting your child? _____

Others you give authority to collect you child from kindergarten:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Is there anything else you would like to discuss with me or would like more information about?

Is there any other information that you feel is necessary for me to know about?
(eg custody)

Thank you for your assistance. This information will help us to have a better understanding of your child. It would also be of great help if you could notify

kindergarten of any changes that could affect your child's behaviour eg mother going into hospital, parent going away, birth / death in the family etc... at any stage during the year.

PLEASE NOTE THAT ALL THE INFORMATION GIVEN WILL BE RESPECTED AND TREATED WITH THE UTMOST CONFIDENCE.

THANK YOU