

Kindy Pre-Enrolment Questionnaire

The social demands of Kindy can be overwhelming for children. To ensure we can cater for your child effectively please indicate if your child has achieved the following developmental milestones usually evident in Pre-Kindy students.

Student Name _____ Date of Birth _____

Parent/Carer Name _____ Signature _____

Please indicate your preferred Kindy Session.	A. All day Monday/Wednesday (Friday Fortnightly)		
<i>(please note session times cannot be guaranteed)</i>	B. All day Tuesday/Thursday (Friday Fortnightly)		
IS YOUR CHILD?		Yes	No
Speaking simple sentences (Using 50 or more words meaningfully. Putting words together such as 'I drink milk'.)			
Understanding most of what you say			
Singing simple songs			
Pointing to body parts			
Asking lots of questions			
Listening eagerly to short stories			
Drawing			
Climbing stairs			
Running			
Enjoying playing with other children			
Struggling to complete things they used to be able to do			
Speaking clearly enough to be understood by other people			
Using simple sentences			
Understanding simple instructions			
Playing imaginary games			
Making eye contact			
Still wearing nappies during the day			
Coming to you for cuddles or comfort			
Does your child attend any of the following?			
• Speech Therapy			
• Occupational Therapy			
• Psychologist			
• a Child and Parent Centre , in the past year? <i>(Yes = 10 or more times)</i>			
• KindiLink <i>(predominantly for Aboriginal/Torres Strait Islander families)</i>			