

Getting to know your Prep Child (Please give us as much detail as possible when completing this form)

Çhild's Name Preferred name (if different)			
Parent/s Name/s			
Gender: Please circle	Male Female	Developmental Milestones age appropriate? eg crawling, talking	Yes / No Details:
Has your child had the 4 year old check-up with a GP?	Yes / No	Is your child immunised?	Yes / No
Does your child have any allergies?	Yes / No Details:		
Does your child have any health or physical needs that we need to be aware of to support them at school?	Details;	Yes / No	
Has your child received specialist support?	Please circle:	Yes / No	
	Physiotherapy Occupational Therapy	Speech pathology Other:	Paediatrician
Did your child attend a pre-Prep group?	Yes / No Please circle: Days per week Kids College		
Does your child have any friends that will be	Yes / No Please name these children to help us form class groups:		

Yes / No	If so, what are their favourite books?
Yes / No	
Yes / No	Details:
Yes / No	
	Yes / No Yes / No