

Early Childhood Center Level 3

5 year old applicants

Please complete this form in **ENGLISH**

Please answer all the questions honestly. This information will help us to have a better understanding of your child before the assessment.

Family Name		First Name	
Date of Birth	YYYY / MM / DD	Preferred name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality		Home Language	
What does your child enjoy playing with?			
What does your child most like to eat?		What does your child not like to eat?	
Is there anything your child is afraid of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
What are the names and ages of other children in your family?			

Does your child get angry or upset often? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is usually the cause of that anger or upset?		Does your child display any behaviour that causes you concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
How much English does your child speak?	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> Speaks English very well		
Can your child understand instructions in English?	<input type="checkbox"/> A few <input type="checkbox"/> Many <input type="checkbox"/> Understands all English instructions		
Give 5 examples of English instructions that your child understands?			

Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are they allergic to?	
Does your child have any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the condition?	
Does your child have an English name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is it?	
		If not, would you like them to have one?	<input type="checkbox"/> Yes <input type="checkbox"/> No