



Family Questionnaire

Parent / Carer's Name: _____

Child's / Children's Name _____ Date of Enrolment: _____

1) Can you speak English well? Yes No

2) Do you suffer from any allergic or medical condition that we should know about, or are there any health issues you or any of your family members may have?

3) How do you come to playgroup? Car Walk Bus Drive with friend

4) Does your child currently attend another playgroup, childcare centre or pre-school?

If yes, please provide the name of service: _____

Does the service have a school readiness program? Yes No

Does the service give you information about child development? Yes No

Does the service give you information about what is happening in the community? Yes No

5) **If no**, are you planning for your child to attend: No Later this year Next year

Another playgroup?

Pre-school?

Childcare centre?

6) What do you want your child to learn from the playgroup?

7) What do they want to learn from the playgroup?

8) Do you have family in Liverpool? Yes No

If yes does your family provide you with any help or assistance?

9) Who else supports you when you need help?



Family Questionnaire

10) Do you have concerns about your child's development? Yes No

If yes, please provide details in the space provided below

Behaviour

Sleeping

Eating

Toileting

Talking / Hearing and or eyesight

Movement

Social / Friends

Do you have any concerns in how your child is learning to do things for himself / herself?

11) Is your child understanding what you say? (home language and / or English? _____)

12) Are there any other issues you may have at home that affect you, your husband or child/ren?
