87 Sutcliffe Street Condingup WA 6450
PMB 9 Esperance WA 6450
(08) 6021 2900
Condingup.ps@education.wa.edu.au
www.condingupps.wa.edu.au

Kindy General Information

Please fill in as much information as you can about your child. It will be a help to us as we get to know your child next year.

CHILD'S NAME: _____ **Date of Birth:** _____
First Name Surname

If your child's name is shortened by you eg. Katherine to Kate, Thomas to Tom and you want the shortened name used at Pre Primary please indicate the preferred name. _____

Residential Address (Not PO Box): _____

Email Address: _____

Mother/Carer Name: _____
First Name Surname

Father/Carer Name: _____
First Name Surname

Other Children (please write names and ages)

_____

_____

_____

_____

Religion (any special customs/beliefs) _____

Language spoken at home _____

Does your child have any known:

Allergies: _____

Health Problems: _____

Special Medication: _____

Have you suspected that your child may have:

Hearing difficulties: YES NO Sight problem: YES NO

If yes, has your child seen a specialist? _____

Has your child attended:-

Playgroup YES NO Name _____ Part Time / Full Time

Day Care YES NO Name _____ Part Time / Full Time

(Please indicate the name of the centre/group/etc.)

Child's interests, things they enjoy doing at home.

_____

_____

Is there anything else you want to tell me about your child including anything he/she has done that makes you proud or happy?

_____

_____

Do you have any concerns?

_____

_____

Mother Home Part Time Full Time

Workplace _____

Father Home Part Time Full Time

Workplace _____

Do you have skills or interest that you could share with the kindy community? Please specify:
_____

Who will be collecting your child from kindy – usually?

Yourself Partner Grandparents Family Friend

Other _____

(Official dismissal forms will need to be completed)

Are there any special custody arrangements? _____
_____

What do hope your child will gain from kindy?

_____

_____

_____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM