



Parent Pre-Registration Questionnaire

(Nursery, Pre-Kinder and Kindergarten)

Dear parents and guardians,

We are delighted that you are interested in enrolling your child in one of the early childhood programs at ECA. The purpose of this questionnaire is to obtain information about your child's physical, social, academic and emotional development prior to registration. The information you give will be used in the screening and placement process.

Thank you,
ECA Admissions and Elementary School

Student Name: _____

Today's Date: _____

Coming to grade: _____

Age: _____

Date of Birth: _____

(please write out the month)

1. GENERAL INFORMATION:

Please tell us your child's favorite game(s):

What is your child's favorite book(s):

What is your child's favorite toy(s):

Please give three words that you would use to best describe your child's personality:

Have your child draw a picture of him/herself on a standard size sheet of paper:

Have your child draw a picture of his/her family on an additional sheet of paper:

2. SCHOOL HISTORY

Has your child previously attended school (including part time programs)

(please circle) Yes No

If you answered yes, please provide details about your child's previous schooling if applicable:

- Does ECA have your permission to contact previous schools?

Name of School	Country	Language/s of instruction	Grade/s Attended	Comments

Yes No _____ (please sign here)

a) *Sight*

- Has your child had any visual problems? Does your child wear glasses a) for reading or b) for distance vision?
If “yes” please give details _____

a) *Motor*

- Are there concerns about your child’s motor development?
(e.g. walking late, balance or coordination problems, difficulty holding pencil or with writing or handling small objects).
If “yes” please give details _____

a) *Health*

- Prenatal and postnatal information:
Birth weight _____ Length of pregnancy _____
Method of delivery _____
Complications during pregnancy or birth? _____
- Has your child had serious illness, significant allergies, surgery or a major accident?

- Is your child regularly taking medication or receiving frequent medical treatment?
If “yes” please give details _____

4) SOCIAL / EMOTIONAL DEVELOPMENT

- Does your child have specific fears or anxieties?

- Who are the main people that are responsible for establishing behavioral expectations and consequences for your child (mother, father, domestic help, others)? Please explain.

- What form of discipline do you use at home and how does your child respond to discipline?

5) FAMILY

- Please list the names and relationships of the immediate family members as well as any other people who live with the child (please include domestic help and the birthdates of siblings)

- If you have just moved to Caracas, there have undoubtedly been changes for your family associated with the move (e.g. change in work routine for either parent, type of present living accommodation). Please comment:

- Please identify significant family events (e.g. bereavement, divorce, illness).

6) DAILY ROUTINE

- **Briefly describe a typical day for your child:**

- **Toileting Information:**

Is your child toilet-trained?: (Please circle):

Always *Most of the time* *Occasional accidents* *Not yet toilet trained*

At what age was the child trained or did training begin (approximately). Explain

- **Sleeping habits**

Does your child currently nap? If so when and for how long?

How many hours does your child normally sleep?

- **Eating habits**

Is your child able to feed him/herself independently? Explain.

Does your child have any known food allergies? If yes, please give details

7) SOCIAL HABITS

- Describe your child's separation behavior when you need to leave her/him with someone else (domestic help, teacher, other family members, etc.)

- How does your child interact with other children of a similar age (in school, playgroups, or other gatherings)? Explain

8) IS THERE ANYTHING ELSE YOU WANT US TO KNOW?
