Transition Enrolment Attachment

If you are enrolling your child in transition, please answer the following questions. Your answers will help inform the Department of Education and Training to provide early childhood services (preschool and child care) that suit the needs of parents and families.

Student surname:  
Student first name:  
Date of birth:  
Sex:  □ Male □ Female

1. Approximately how long has your child resided in this community?  
   □ Less than 6 months  □ 6 months to 1 year  □ 1 year to 3 years  □ More than 3 years

2. Over the past 12 months, was your child in non-parental care on a regular basis and/or attended any other educational programs/classes?  
   □ Yes - please go to question 3  □ No - please go straight to question 6

3. What type of care did your child receive?  
   a) Day care centre - with preschool program  
      Name:  
   b) Day care centre - without preschool program  
      Name:  
   c) Day care centre - not sure about preschool program  
      Name:  
   d) Preschool - location (suburb/community):  
   e) Family day care  
   f) Grandparent  
   g) Other relative  
   h) Nanny  
   i) Other person (includes friend or neighbour)  
   j) Other - please specify:  ____________________________

4. Did your child attend a language program?  
   Please specify:  ____________________________

5. Did your child attend religious classes?  
   Please specify:  ____________________________

6. You answered No to question 2 - please tick the reason that applies to your situation:  
   Tick if applicable
   a) I preferred my child to stay at home in parental care  
   □
   b) No preschool/centre available in my suburb/community  
   □
   c) No vacancy in the preschool/centre  
   □
   d) No transport available (bus/car) to the preschool/centre  
   □
   e) The preschool/centre was not affordable  
   □
   f) Other reason - please specify:  ____________________________  
   □