

Pre-Admission Questionnaire (Early Years)			
1. Name of the child			
2. Please tick:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
3. Date of birth (day / month / year)			
4. What is your child's first language?	German ____ English ____ Japanese ____ Others: _____		
5. Which language does the mother use when speaking to the child?			
6. Which language does the child use when speaking to the mother?			
7. Which language does the father use when speaking to the child?			
8. Which language does the child use when speaking to the father?			
9. Which language does the child use when speaking to siblings?			
10. What is the family language? (e.g. the language used by everyone during meal time)			
11. Where has your child lived?	City/Country	from	to
12. Has your child ever attended nursery or kindergarten before?	Yes ____ No ____		
	Name of institution	from	to
13. How did your child adjust when entering the nursery or kindergarten?			
14. Does your child have siblings?	Yes ____ No ____		

15. How many siblings does your child have?	
16. Is your child a) the oldest child b) a middle child c) the youngest child? Please circle where applicable.	
17. Excepting parents and siblings, are there any other important persons in the life of your child? Please explain.	
18. Whom does your child prefer to play with? Please circle where applicable.	a) My child prefers to play with other children. b) My child prefers to play with adults. c) My child prefers to play by herself/himself.
19. What are your child's favorite activities?	
20. Which activities does your child dislike?	
21. Has your child experienced an important event such as divorce, accident, death of a loved one etc.?	
22. Is your child in diapers?	Yes ___ No ___
23. Can your child go to the toilet independently?	Yes ___ No ___
24. Does your child have any Allergies	Yes ___ No ___ Medication ___ If yes, please give details:

Mobile: _____ Email: _____

Additional information
