Please include the ff with completed forms
Copy of both parents id's.
Copy of Childs birth certificate & clinic card.

Smiley Babes

Smiley Kids Sandton Pre-Primary School

Exclusive Baby, Pre-Primary and Aftercare Centre

Smiley Kids

Hurlywood Trading 52 cc t/a Smiley Kids Sandton

139 Coleraine Drive
Bryanston
Sandton
2196
Tel: 082 332 2060
Tel: 011 463 5438

E-mail : sandton@smileykids.co.za
Website: www.smileykidssandton.co.za
www.smileykids.co.za

PROUDLY SOUTH AFRICAN

TRUTH , VALUE , HONOUR

CONFIDENTIAL QUESTIONNAIRE
Please complete this form as comprehensively as possible

Full name of child					
Name by which child is known					
Date of Birth		Religion			
Father's full name		Father's occupation			
Mother's full name		Mother's occupation			
Father's car registration		Mother's car registration			
Marital Status		Is your child adopted?			
Number of children in family		Child's position in family		of	
Is your child a stepchild?		If yes does your child have a good relationship with his/her step parent?			
Do you have other stepchildren?		**Names and ages of other siblings in the family**			
If yes, list names and ages					
If divorced, what is your child's relationship like with his/her other parent?					
Do you have a family history of learning problems, such as hyperactivity, minimal brain dysfunction or any other learning problem? If yes, please provide details.					
What form of discipline do you implement at home? Please provide details. What form of discipline have you found to be most effective?					
Does your child respond favorably to this parental discipline?					
Name of school / playgroup previously attended					
Number of years at previous school/playgroup		Were he / she happy at the previous school?			
If not what were some of the difficulties or challenges he/she faced at the last school / playgroup?					
How did you hear about Smiley Kids Sandton Pre-Primary School?					
Has your child ever been assessed by?		If yes, please provide the person's name		Please provide copies of any reports or test results you have received	
Psychologist					
Remedial Therapist					
Occupational Therapist					
Speech Therapist					

Speech: Does your child ever?		Which phrase best describes your child's	

Stammer		ability to communicate with you?		
Lisp		Which languages is your child exposed to on a regular basis in your home environment?		
Stutter				
Use baby language				

Toilet Habits	Can he/she go to the toilet on his/her own?		Is he/she completely potty-trained?	
	Is he/she prone to the occasional accident?		Does he/she wear a nappy at night?	

Eating Habits	Does he/she feed him/herself?		Can he/she use a spoon?	
	Has he/she given up his/her dummy?		Can he/she use a fork?	
	Has he/she given up his/her bottle?		Can he/she use a knife?	

General	Is he/she right or left-handed?		Can he/she dress him/herself?	
	Can he/she button clothes?		Can he/she tie shoe laces?	
	Does he/she have a special toy?		Do you have a garden?	
	Has he/she ever had his/her eyes tested?		Has he/she ever had a hearing test?	
	Were there any problems?		Were there any problems?	
	Does your child wear glasses?		Does your child have grommets?	
	Does your child wear a hearing aid?		How many times has your child had grommets fitted?	
	If yes, please explain:		When the last one was's inserted?	
	Does your child have any other physical problems that could affect his/her learning potential?			
	Please explain if you answered yes			

Allergies	Does your child suffer from any of these allergies?		Provide details of reaction and treatment required
	Bee stings	☐	
	Analgesics	☐	
	Insect bites	☐	
	Anti-biotic	☐	
	Foods	☐	
	Food colorants	☐	
	Food additives	☐	
	Other ( )	☐	
	If your child requires medicine to treat any allergic condition, please leave a supply of it in the First Aid cupboard at school. Full instructions must be attached.		

Asthma	Is you child asthmatic?		What treatment is given?
	What brings on an attack?		
	If your child requires medicine to treat any asthmatic condition, please leave a supply of it in the First Aid cupboard at school. Full instructions must be attached.		

Operations and Illnesses	Has your child ever undergone surgery? If yes, please provide details of all operations							
	Date	Details					Length of Stay	
	Was your child accompanied by a parent/guardian on a 'live-in' basis for any hospital stay?							
	Do you feel your child suffered any serious emotional upset due to the stay in hospital?							
	If yes, please provide details							
	Has your child ever contracted one of these illnesses? Please tick each applicable block				Please indicate if your child is up to date with the following inoculations. Please check your child's clinic card.			
	Croup	☐	Chicken Pox	☐				
	German Measles	☐	Scarlet Fever	☐	BCG	☐	Polio	☐
	Measles	☐	Whooping Cough	☐	Diphtheria	☐	Measles	☐

	Mumps ☐	Meningitis ☐	Tetanus ☐	Mumps ☐				
	Encephalitis ☐	Ear Infection ☐	Whooping Cough ☐	German Measles ☐				
	Eye Infection ☐	Urinary Infection ☐	Has your child ever broken a limb? ☐					
	If yes, please provide details:							
	Does your child have any other physical handicap, congenital or other illness / condition? ☐							
	If yes, please provide details:							
Pregnancy and Birth	Did you experience any problems during your pregnancy? ☐							
	If yes, please provide details:							
	Was your child:					What was your child's APGAR score at birth and after 5 minutes?		
	Born on due date? ☐							
	Premature? ☐	By how many days?				Was your child placed in Pediatric ICU at birth? ☐		
	Overdue? ☐	By how many days						
	Delivered Naturally? ☐	Delivered by caesarean? ☐				If yes, please provide details:		
	Delivered by forceps? ☐	Other ( ) ☐						
	Was your child:							
	Treated for jaundice? ☐	Breathing problems? ☐				Why was it necessary to place the child in an incubator? ☐		
	Placed in an incubator? ☐	For how many days?						
	Breast fed? ☐	For how long?				Did your child experience-feeding problems? ☐		
	Bottle fed? ☐	For how long						
	Circumcised (if a boy) ☐	At what age?				If yes, please provide details:		
	Colicky? ☐	For how long?						
	If other problems, please provide details:							
Develop-mental Milestones	At what age did you child:					Is there anything else that you think we ought to know about your child?		
	Sit up?		Stand?					
	Crawl?		Walk?					
	Talk?		Become fully potty trained?					
			(Day and night dry)					

Thank you for taking the time to complete this questionnaire. We appreciate that some of the questions are of a personal nature, but the answers will help us to deal with your child in a more sympathetic and understanding manner.

Completed by: _____ Date: /20