



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:	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. Approximately how long has your child resided in this community?	<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 6 months to 1 year		
	<input type="checkbox"/> 1 year to 3 years	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes - please go to question 3 <input type="checkbox"/> No - please go straight to question 6			
3. What type of care did your child receive?	No	Yes Full-time	Yes Part-time	
a) Day care centre - with preschool program	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Day care centre - without preschool program	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Day care centre - not sure about preschool program	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Preschool - location (suburb/community): _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Family day care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Grandparent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other relative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Nanny		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Other person (includes friend or neighbour)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other - please specify: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your child attend a language program? Please specify: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did your child attend religious classes? Please specify: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>			
b) No preschool/centre available in my suburb/community	<input type="checkbox"/>			
c) No vacancy in the preschool/centre	<input type="checkbox"/>			
d) No transport available (bus/car) to the preschool/centre	<input type="checkbox"/>			
e) The preschool/centre was not affordable	<input type="checkbox"/>			
f) Other reason - please specify: _____	<input type="checkbox"/>			