



Pre-Admission Questionnaire (Early Years)				
1.	Name of the child			
2.	Date of birth			
3.	What is your child's first language?	German Eng	glish Jap	panese
		Others:		
4.	Which language does the mother use when speaking to the child?			
5.	Which language does the child use when speaking to the mother?			
6.	Which language does the father use when speaking to the child?			
7.	Which language does the child use when speaking to the father?			
8.	Which language does the child use when speaking to siblings?			
9.	What is the family language? (e.g. the language used by everyone during meal time)			
10.	Where has your child lived?	City/Country	from	to
11.	Has your child ever attended nursery	Yes No		
	or kindergarten before?	Name of institution	from	to
12.	How did your child adjust when entering the nursery or kindergarten?			
13.	Does your child have siblings?	Yes No		
14.	How many siblings does your child have?			

15. Is your child a) the oldest child b) a middle child c) the youngest child? Please circle where applicable.	
16. Excepting parents and siblings, are there any other important persons in the life of your child? Please explain.	
17. 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.
18. What are your child's favorite activities?	
19. Which activities does your child dislike?	
20. Has your child experienced an important event such as divorce, accident, death of a loved one etc.?	
21. Is your child in diapers?	Yes No
22. Can your child go to the toilet independently?	Yes No
Mobile:	Email:
Additional information	