St Patrick’s Primary School: Kindergarten Information Form

Child’s Full Name………………………………….          Date of Birth……………………

Parents Name/s:……………………………………………………………………………………

To be included with your child’s enrolment, we require the following items:  (Please tick)

☐ A Copy of your child’s Birth Certificate
☐ A Copy of your child’s Baptismal Certificate

Vaccinations to date: (Please tick)

Vaccinations to date – Triple Antigen ☐  Sabin ☐  Measles/Mumps ☐  Hib ☐  Chickenpox ☐  
Pneumococcal ☐

Who will bring and collect your child from Kindergarten?:

…………………………………………………………………………………………………………………………….

Daycare / Pre-School/ Before & After school care(if applicable):

Centre Name :…………………………………………………………….. Phone:………………………………

Name of Daycare staff involved in pick up & drop off………………………………………………………….

Please comment on your child’s experience at any pre-school facilities (ie Daycare etc)

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

Have there been any recent major changes in the family?:………………………………………………

Is your child independent with toileting?:……………………………………………………………………

Please provide information about your child – learning problems (if any) siblings, food allergies, sleeping, 
behaviour, grandparents, pets and any other information about your child that you would like to share with 
us.

Signed:……………………………………………..    Date……………………………………………..

Please bring this information to the interview.