



CHRYSALIS STEINER SCHOOL

educating the whole child

Enrolment Questionnaire

Class I-8

Steiner education is based on a developmental approach to help understand and support the healthy unfolding of young human beings in their further development and growth.

Your answers to the questions that follow can help your child's teacher to understand a little of your child's journey. So please take the time necessary to answer the questions to support this process.

We hope to build a relationship with you which will support your child through their schooling journey so please ask any questions necessary along the way.

We respect your right to mention only what you feel is necessary. So please feel free to exclude any questions that you may feel uncomfortable answering. All information will remain confidential and only be available to others employed at the school on a need to know basis.

Please complete the questions and return them to the Enrolments Officer by the date advised.

CONFIDENTIAL

Child's Name _____ BirthDate _____

PRE BIRTH

1. How was your pregnancy? (Healthy, morning sickness, sensitivity to certain foods, baby arrived on time, early, late, induced, etc.)

BIRTH

2. How was the birth of your child? (Home/hospital, length of labour, drugs, forceps, epidural, Caesar, colour at birth)

THE EARLY YEARS

3. Did you breast-feed your child? For how long?

4. How would you describe your child as being ···....awake or dreamy?

5. When did the first teeth come?

6. Did your child crawl? For how long? (On all fours, bottom shuffler, commando style?)

7. When did your child stand? Walk? Any falls?

8. Has your child experienced any physical problems etc. at any time during their development? If so what?

9. Has your child experienced any speech problems at any time during their development? If so what?

10. Is he/she able to locate all sounds on his/her palate?

HEALTH AND WELL BEING

13. What illnesses has your child had? Any Allergies or sensitivities?

FOOD

14. Please describe your child's eating habits. Is this the same at home and on outings, eg Social occasions?

15. Does your child have any special dietary requirements?

16. What are your child's favourite food types?

BEDTIME

17. What time does your child regularly go to bed?

18. Does your child have or have they ever had any sleeping difficulties? Describe please.

19. On waking, how does your child meet the day?

How would you describe your child at present?

FAMILY PICTURE

20. Does your child have any fears? Please describe.

21. How does your child organise themselves?

22. Describe your child's ability to understand & follow instructions.

23. What interests does your child have?

24. How is your child socially with peers?

25. Describe the kind of play activities your child likes to engage in when playing by themselves and with peers?

26. Does he/she like to join in with daily activities or have jobs to do at home?

27. How does he/she cope with separation?

28. Describe your family structure - natural parents, step-parents, siblings, your child's position in the family (eg; 1st born, 2nd born etc).

29. What languages are spoken at home?

30. If you are not living together how much time does your child spend with each parent?

31. Are there any custody conditions or court orders affecting your child? If yes, please describe.

32. Is there anything else that you feel is important to tell us? (Cultural heritage, religious beliefs etc).

TECHNOLOGY:

33. What is your understanding of the effect of technology, screen time of any sort on the growth and development of children?

34. Does your child watch or use screen media? If so, how often?

Television: approx. hours per day _____..approx. hours per week _____

Age began _____.

Computer: approx. hours per day _____ approx. hours per week _____

Age began _____

Video/DVD: approx. hours per day _____ approx. hours per week _____

Age began _____.

Game consoles: approx. hours per day _____ approx. hours per week _____

Age began _____. (Xbox, PS2 etc).

Mobile Phone: approx. hours per day _____ approx. hours per week _____

Age began _____.

iPad: approx. hours per day _____ approx. hours per week _____

Age began _____.

iPod: approx. hours per day _____ approx. hours per week _____

Age began _____.

Other:

PARENTING PHILOSOPHY

35. How would you describe your parenting style?

36. How does your understanding of Steiner Education work with your parenting style?

37. Why do you want a Steiner education for your child?

38. What would you like to see your child gain from attending Chrysalis?

**THANK YOU FOR TAKING THE TIME TO
COMPLETE THIS. PLEASE RETURN TO THE
ENROLMENTS DESK AT CHRYSALIS.**