

ENROLMENT QUESTIONNAIRE CHILD



Waldorf School Windhoek

NAME OF CHILD: _____

DATE OF BIRTH: _____

What was your pregnancy like?

What was the birth like?

What were the first few months like?

What were the first 3 years like?

What were the years like until today?

Did you breastfeed your child? How long?

When was your child able to sit?

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Did your child move on its stomach? When?

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When was your child able to crawl?

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When was your child able to walk freely?

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When did your child start to speak whole words?

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When and which tooth was the first to appear?

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Has your child started loosing his/her milk teeth? If yes, when and which teeth?

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Which vaccinations has your child received and at what age?

Which illnesses did your child have and how did you experience them?

Are there any specific features in the development of your child?

Are there any experiences or events that had a far-reaching effect on your child?
