



## KindyLinQ Registration Form

KindyLinQ School		Date of registration	
<b>Child's details</b>			
Child's name (first and surname)		Preferred name (if different)	
Date of birth		Gender Male/Female/ Not defined	Birth certificate sighted? Yes                  No
<b>Family details</b>			
Parent/s name/s			
Contact phone numbers	First	Second	
Address			
Other guardian and/or carers' name/s		Guardian/carer contact number	
Emergency contact name and telephone			
Email address			
Siblings names and ages			
<i>Please complete over page</i>			



<b>Additional information</b>		
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Does your child have any medical conditions?	Yes    No	If yes, please provide details
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Does your child have any allergies?	Yes    No	If yes, please provide details
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Are there any court or access orders in place?	Yes    No	If yes, please provide details
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Do you identify as Aboriginal and/or Torres Strait Islander?	Aboriginal / Torres Strait Islander
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Are there any specific cultural or religious customs or practices important to your family?	
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**Consent** *(You are able to alter consent at any time. Just talk to the KindyLinQ staff)*

This means you are happy for the school to take photos/video/voice recordings of your child that could be used by the school and the Department of Education to promote KindyLinQ in flyers and other communications, including school and/or department websites, newsletters and social media.

Has the State School Consent Form been completed?	Yes	No
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<b>Parent/Guardian name and signature</b>			
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Name		Signature	
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<b>KindyLinQ co-ordinator name and signature</b>			
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Name		Signature	
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