



KindyLinQ Registration Form

KindyLinQ School		Date of registration	
Child's details			
Child's name (first and surname)		Preferred name (if different)	
Date of birth		Gender Male/Female/ Not defined	Birth certificate sighted? Yes No
Family details			
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			
Siblings names and ages			
<i>Please complete over page</i>			





Additional information			
Does your child have any medical conditions?	Yes	No	If yes, please provide details
Does your child have any allergies?	Yes	No	If yes, please provide details
Are there any court or access orders in place?	Yes	No	If yes, please provide details
Do you identify as Aboriginal and/or Torres Strait Islander?	Aboriginal / Torres Strait Islander		
Are there any specific cultural or religious customs or practices important to your family?			
<p>Consent <i>(You are able to alter consent at any time. Just talk to the KindyLinQ staff)</i></p> <p>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.</p>			
Has the State School Consent Form been completed?	Yes	No	
Parent/Guardian name and signature			
Name		Signature	
KindyLinQ co-ordinator name and signature			
Name		Signature	