



<b>KindiLink School</b>	Date of Registration	DD/MM/YY
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## Child's details

Child's name (first and surname)			Preferred name (if different)
Date of birth and other details	Date of Birth: DD/MM/YY	Gender Male Female	Birth certificate sighted? Yes No
	Vaccination certificate sighted? Yes No		
Address			
Main language spoken at home?			

## Family details

Parent/s' name/s			
Best contact number			
Other Guardian and/or Carers' name/s			
Emergency contact name & number			
Sibling/s' names and ages (younger)			
Sibling/s' names (older) and school/s			

## Additional information

Aboriginal/TSI/Other?	Aboriginal / Torres Strait Islander / Other (please specify)	
Is there any information about behaviour, special needs or support that you think we should know?	Yes No	If yes please provide details.
Does your child have any medical conditions? (i.e. with ears, eyes)	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.

## Consent *(You are able to alter consent at any time by contacting your KindiLink staff).*

Has the school media consent form been completed?	Yes	No
Any additional information can be included here.		
Parent/Guardian name and signature	Name	Signature
Date		

*At KindiLink, three year old Aboriginal children and their families will participate together in play-and-learn sessions for [insert proposed 6 hours set-up i.e.] three hours, two days each week. Our KindiLink teacher and Aboriginal Islander Education Officer are committed to working alongside our families to support them as their child's first and ongoing educator; valuing the learning that families and communities provide.*