



# KindiLink Registration Form



|                         |                       |                      |          |
|-------------------------|-----------------------|----------------------|----------|
| <b>KindiLink School</b> | Medina Primary School | Date of Registration | DD/MM/YY |
|-------------------------|-----------------------|----------------------|----------|

## Child's details

|                                  |                            |                       |   |
|----------------------------------|----------------------------|-----------------------|---|
| Child's name (first and surname) |                            |                       | Preferred name (if different)           |
| Date of birth and other details  | Date of Birth:<br>DD/MM/YY | Gender<br>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 children and their families will participate together in play-and-learn sessions for 6 hours.*

*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.*