KindyLinQ Registration Form

KindyLinQ School	Yarrabilba State School
Date of family registration	

Please help us get to know your family better

Family Details	**Parent/caregiver 1**	**Parent/caregiver 2**
Parent/caregivers name		
Contact phone number		
Email contact		
Address		
Child / children's details	**Child 1**	**Child 2**
Childs name		
Preferred name		
Date of Birth		
Gender		
Relationship to parent/caregiver		
Does the child have any allergies?		
Does the child have any medical conditions?		
Is there any other information you would like us to know?		
	Child 3	**Child 4**
Childs name		
Preferred name		
Date of Birth		
Gender		
Relationship to parent/caregiver		
Does the child have any allergies?		
Does the child have any medical conditions?		

Is there any other information you would like us to know?		
Emergency Contact Information	**Contact 1**	**Contact 2**
Name		
Contact telephone		
Relationship to child/family		
Additional Information		
What is the primary language spoken at home		
Do you and/or the children attending KindyLinQ identify as being: • Aboriginal and/or Torres Strait Islander • Culturally and linguistically diverse • Having a disability or chronic, medical condition	*(please tick applicable boxes below)* Aboriginal and/or Torres Strait Islander ☐ Culturally and linguistically diverse ☐ Having a disability or chronic, medical condition ☐	
Are there any specific cultural or religious customs and practices important to your family? *(please provide details)*		
Are there any court orders in place? (please provide details)		
Is there any additional information you would like us to know? (interests, goals, opportunities, concerns)		

Consent *(You are able to alter consent at any time. Just talk to the staff at KindyLinQ)*

I agree that I:* _____ *(print name)*

- Consent for this information to be safely stored and used for the purpose of KindyLinQ administration
- Consent that non-identifying information may be used for the purposes of data collection and research by the school and Department of Education.
- Have been provided with sufficient information to understand how my information may be used.

Personal information collected on this form will be used by _____ as it relates directly to the programs and services we provide to you. Your personal information will be handled in accordance with The Privacy Act 1988 (Cth), Australian Privacy Principles. Our Privacy Policy is available at www.education.gov.au/about-department/resources/department-education-complete-privacy-policy

Name	Signature	Date

Photo Consent *(You are able to alter consent at any time. Just talk to the staff at KindyLinQ)*

I am happy for the school to take photos/video/voice recordings of my child that could be used by the KindyLinQ/school and the Department of Education in communications, including school and/or department websites, newsletters and social media.

Name	Signature	Date