

# KindiLink Registration Form

## CHILD'S DETAILS

Child's full name				
Preferred name (if different)				
Date of birth		Gender	O Male	O Female
Address				
Main language spoken at home				

## FAMILY DETAILS

Guardian name	
Phone number	
Email address	
Emergency contact / 2 <sup>nd</sup> guardian	
Phone number	
Sibling names and ages (younger)	
Sibling names (older) and school	

## ADDITIONAL INFORMATION

Cultural background	Aboriginal / Torres Strait Islander / Other (please specify)		
Is there any information about behaviour, special needs or support that you think we should know?	O Yes	O No	If yes please provide details.
Does your child have any medical conditions? For example with ears, eyes)	O Yes	O No	If yes please provide details.
Does your child have any allergies?	O Yes	O No	If yes please provide details.
Are there any court or access orders in place?	O Yes	O No	If yes please provide details.

## Consent

You can alter consent at any time by contacting your KindiLink staff.

I give permission:

For my child's image and/or schoolwork may be published on the <b>public</b> Dudley Park PS Facebook-social media account, Compass (school app), Dudley Park PS website, local newspapers (hard copy or digital). (External)	<input type="radio"/> Yes	<input type="radio"/> No
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For my child's image and/or schoolwork may be displayed <b>within</b> Dudley Park Primary School, KindiLink or whole school. (Internal)	<input type="radio"/> Yes	<input type="radio"/> No
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Has the school media consent form been completed?	<input type="radio"/> Yes	<input type="radio"/> No
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Any additional information can be included here

Guardian Consent

Date of Registration:

Name:

Signature

## OFFICE USE ONLY

Date application received			Date application inputted		
Birth certificate	<input type="radio"/> Yes	<input type="radio"/> No	Immunisation certificate sighted	<input type="radio"/> Yes	<input type="radio"/> No
Additional comments					