

KindyLinQ Registration Form

KindyLinQ School			Date of registration						
Child's details									
Child's name (first and surname)			Preferred name (if diffe	rent)					
Date of birth		Gender	Birth certificate sighted?						
		Male/Female/	Yes No						
		Not defined							
Family details									
Parent/s name/s									
Contact phone numbers	First		Second						
Address									
Email address									
Other guardian and/or carers' name/s			Guardian/carer contact	number					
Emergency contact name and telephone									
Siblings names and ages									
Please complete over page									







Additional information								
Does you any medi condition		Yes	No	If yes, please provide details				
Does you any allerg	ır child have gies?	Yes	No	If yes, pleas	se provide de	tails		
	e any court or ders in place?	Yes	No	If yes, pleas	se provide de	tails		
Do you id Aborigina Torres St	-	Aboriginal / Torres Strait Islander						
cultural c	e any specific or religious or practices at to your							
Consent (You are able to alter consent at any time. Just talk to the KindyLinQ staff)								
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.								
Has the State School Consent Form been completed?			?	Yes	No			
Parent/Guardian name and signature								
Name					Signature			

Please complete Form and Email to KindylinQ@regeparkss.eq.edu.au or hand to front office of Regent Park State School