



Department of Education
Launching Into Learning Contact Form
Child and Family Learning Centre Contact Form

DETAILS OF PARENT/GUARDIAN (1)

Relationship to this child (e.g Father or Mother)
Parent/Guardian Yes No
Family name
Given names
Date of Birth (dd/mm/yyyy)
Residential address - Street number and name
Suburb State
Country Postcode
Mail address - If not the same as residential address
Suburb State
Country Postcode
Email
Order Silent Home phone
Work phone
Indigenous Status
No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, both Aboriginal and Torres Strait Islander

DETAILS OF PARENT/GUARDIAN (2)

Relationship to this child (e.g Father or Mother)
Parent/Guardian Yes No
Family name
Given names
Date of Birth (dd/mm/yyyy)
Residential address - Street number and name
Suburb State
Country Postcode
Mail address - If not the same as residential address
Suburb State
Country Postcode
Email
Order Silent Home phone
Work phone
Indigenous Status
No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, both Aboriginal and Torres Strait Islander

Department of Education
Launching Into Learning Contact Form
Child and Family Learning Centre Contact Form

DETAILS OF OTHER ACCOMPANYING ADULT
(if not the parent/guardian)

Relationship to this child (e.g Father or Mother)

Parent/Guardian Yes No

Family name

Given names

Date of Birth (dd/mm/yyyy)

Residential address – Street number and name

Suburb State

Country Postcode

Mail address – If not the same as residential address

Suburb State

Country Postcode

Order Silent Home phone

Work phone

Indigenous Status
 No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander

HOW WOULD YOU DESCRIBE YOUR FAMILY?
(Optional)

Single Parent

Same sex parents

Two parents

Grandparents as carers

Foster care family

Other

EMERGENCY CONTACTS

Contact One

Relationship to this child (e.g Father or Mother)

Family name

Given names

Contact Number

Contact Two

Relationship to this child (e.g Father or Mother)

Family name

Given names

Contact Number

Department of Education
Launching Into Learning Contact Form
Child and Family Learning Centre Contact Form

FIRST CHILD DETAILS

Family name

First given name

Other given names

Preferred given name

Gender
 Male Female Non-binary Prefer not to say

Another term (please specify)

Date of Birth (dd/mm/yyyy)

Does the child speak a language other than English at home?
 No (English only)
 Yes (please specify)

CHILD RESIDENTIAL ADDRESS

Street number and name

Suburb

State Postcode

Country

COURT ORDERS CONCERNING THE CHILD

Are there any current Court Orders in place concerning this child?
 Yes – please give details

COURT ORDERS CONCERNING THE PARENTS/S

Are there any current Court Orders in place concerning the parent/s?
 No Yes – please give details

MEDICAL CONDITION/MEDICATION INFORMATION

Does this child have any medical conditions or medication you think we should know about?
 No Yes – please give details

Please attach additional details if required

DOCTOR OR CLINIC INFORMATION

Doctor or clinic name

Address

Suburb

Phone

ALLERGY / ANAPHYLAXIS INFORMATION

Does this child have an allergy? Yes No

He/she is allergic to

Has the allergy involved hospitalisation? Yes No

Can it be life threatening? Yes No

Has the allergy been called anaphylaxis? Yes No

Has this child been prescribed an EpiPen? Yes No

INDIGENOUS STATUS

Is the child of Aboriginal or Torres Strait Islander origin?
 No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander

CHILD PARTICIPATION

Is your child participating at the Child and Family Learning Centre (CFLC), Launching into Learning (LiL), or both?
 CFLC
 LiL
 Both CFLC and LiL

Department of Education
Launching Into Learning Contact Form
Child and Family Learning Centre Contact Form

SECOND CHILD DETAILS

Family name

First given name

Other given names

Preferred given name

Gender
 Male Female Non-binary Prefer not to say

Another term (please specify)

Date of Birth (dd/mm/yyyy)

Does the child speak a language other than English at home?
 No (English only)
 Yes (please specify)

CHILD RESIDENTIAL ADDRESS

Street number and name

Suburb

State Postcode

Country

COURT ORDERS CONCERNING THE CHILD

Are there any current Court Orders in place concerning this child?
 Yes – please give details

COURT ORDERS CONCERNING THE PARENTS/S

Are there any current Court Orders in place concerning the parent/s?
 No Yes – please give details

MEDICAL CONDITION/MEDICATION INFORMATION

Does this child have any medical conditions or medication you think we should know about?
 No Yes – please give details

Please attach additional details if required

DOCTOR OR CLINIC INFORMATION

Doctor or clinic name

Address

Suburb

Phone

ALLERGY / ANAPHYLAXIS INFORMATION

Does this child have an allergy? Yes No

He/she is allergic to

Has the allergy involved hospitalisation? Yes No

Can it be life threatening? Yes No

Has the allergy been called anaphylaxis? Yes No

Has this child been prescribed an EpiPen? Yes No

INDIGENOUS STATUS

Is the child of Aboriginal or Torres Strait Islander origin?
 No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander

CHILD PARTICIPATION

Is your child participating at the Child and Family Learning Centre (CFLC), Launching into Learning (LiL), or both?
 CFLC
 LiL
 Both CFLC and LiL

Department of Education

Launching Into Learning Contact Form

Child and Family Learning Centre Contact Form

CONSENT TO PUBLICATION OF PERSONAL INFORMATION

(See the Personal Information Protection details in the *Application for Enrolment – Information for Parents, Guardians and Independent Children*.)

Images (including photographs or videos) of children, and work by children, are often included in school, CFLC or Department of Education publications. This allows children to share their experiences and informs parents/guardians and others about the school's and CFLC's work. School and CFLC print and electronic publications include items such as school and CFLC year books, newsletters and social media/websites. Department of Education print and electronic publications are items such as social media/websites, reports and brochures.

Some publications are permanent, and it may not be possible to remove images or work once published. You can change your consent for future publications at any time with the school.

While you may choose to give consent to the use of the child's given and family name, the actual use of child names will be guided by Departmental policy on child safety. For example, only given names are generally used on social media and websites.

Publication does not include the use of child images, names or their work in ways that support the educational purposes of the school. These include displays of child photos or child work on school and CFLC premises.

1. I give consent for **images** that include the child to be taken for the purpose of publication in **school, CFLC and Department of Education** publications (print and/or electronic). This may include publishing the child's **given name and family name**. Yes No
2. I give consent for **samples of work** by the child and **recognition of child achievements** to be published in **school, CFLC and Department of Education** publications (print and/or electronic). This may include publishing the child's **given name and family name**. Yes No
3. Consent to the **media** – I give consent for the child to be **photographed, filmed or interviewed** on stories about education and school and CFLC activities, to be published by newspapers, radio and television. This may include publication on their social media and website. The **media** may also publish their **given name and family name** and the name of the school and CFLC the child attends. Yes No

DO YOU CONSENT TO SHARING THE INFORMATION COLLECTED ON THIS FORM WITH:

- Service Partner 1: Child Health & Parenting Service Yes No
- Service Partner 2: _____ Yes No
- Service Partner 3: _____ Yes No

Department of Education
Launching Into Learning Contact Form
Child and Family Learning Centre Contact Form

HOW DID YOU FIND OUT ABOUT THE CHILD AND FAMILY LEARNING CENTRE

<input type="checkbox"/>	Friend	
<input type="checkbox"/>	Family Member	
<input type="checkbox"/>	Home Volunteer	
<input type="checkbox"/>	Child Health & Parenting Service	
<input type="checkbox"/>	Other (please provide details)	<input type="text"/>

AUTHORISING SIGNATURE

To sign this form you must be the child's parent/guardian.

Signature I certify that the information provided in this form is correct

Date of signature (dd/mm/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

Print name

Personal Information Protection

The enrolment forms collect personal information from you to process your child's application for enrolment. Personal information will be managed in accordance with the requirements of the *Personal Information Protection Act 2004*. It will be used by the Department of Education for child administration and for the planning, provision and reporting of educational programs as authorised by the *Education Act 2016* and related State and Commonwealth legislation. It may be disclosed to health practitioners to support child health and safety requirements, and may also be disclosed to government and other agencies where authorised by law. We may not be able to provide some services if the information is not provided.