

## KINDYSTART REGISTRATION 2024

## Wednesday 16 October to Wednesday 13 November, 2024

Please ensure that this form is returned by Monday 7 October, 2024 or your child will not be able to attend our KindyStart Sessions

Child's Name:		D.O.B:/	/
Male Female			
FAMILY INFORMATION	I		
Mother:	Mobile:	Work:	
Address:			
Father:	Mobile:	Work:	
Address:			
EMERGENCY CONTAC	TINFORMATION		
Emergency contact:	Relation	Relationship to child:	
Mobile:	Work:		
Siblings at Kincumber Publ	lic School:		
Special needs, medical issu	ues, allergies or other issues	of note:	



Kincumber Public School Avoca Drive, Kincumber 2251 Phone: (02) 4369 1544

Website: kincumber-p.schools.nsw.gov.au Email: kincumber-p.school@det.nsw.edu.au

## **KindyStart Program Requirements**

Children must be brought to and collected from each <b>KindyStart</b> session by their parent or a nominated adult (any changes to be given in writing).			
Please bring and collect your child on time, as lateness impacts many - other students, families, school routines and teachers who can be responsible for multiple duties and programs on the same day. <b>KindyStart</b> begins at 9.00am and finishes promptly at 11.00am.			
I understand the above requirements and agree to them.			
Signature: Date:/			
Photo and Student Work Publication Permission			
During our <b>KindyStart</b> Program, we sometimes photograph children or samples of their work for publication in the school newsletter, website or promotional material. Where possible, we also send copies home for you to enjoy your child's first school experiences.			
Please sign the following permission to enable us to use your child's photos or samples of work in the school newsletter, <b>KindyStart</b> brochure or school website.			
I give permission for my child's photograph or work to be displayed and/or published in the school newsletter or school website.			
Name of child: Parent Name:			
Signature: Date:/			



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