

eKindy Queensland registration

2025

Please complete and sign the registration form and return via the options listed on page 5

**All sections of this document must be completed**

**Section 1: Child's details**

Child's name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	A copy of your child's birth certificate is required <input type="checkbox"/> Attached

Note: Registration will not be approved without enrolling staff sighting and copying a birth certificate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child born in country without birth registration system, passport or Visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate. For International students approved for enrolment by Education Queensland International (EQI), a Passport or Visa will be acceptable.

Preferred name			
Residential address	City/Town/Suburb	State	Postcode
Postal address	City/Town/Suburb	State	Postcode
Email address			
Phone number/s			
Language/s spoken			
This section is optional	Is your child of Aboriginal descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your child of Torres Strait Islander descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your child of Aboriginal <b>and</b> Torres Strait Islander decent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 2: Parent/Tutor details**

**Parent 1**

Name	Relationship to child		
Residential address	City/Town/Suburb	State	Postcode
Postal address	City/Town/Suburb	State	Postcode
Email address			
Phone number/s			
Language/s spoken			

**Parent 2**

Name	Relationship to child		
Residential address	City/Town/Suburb	State	Postcode
Postal address	City/Town/Suburb	State	Postcode
Email address			
Phone number/s			
Language/s spoken			

**Home tutor**

Name	Phone number
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**Section 3: Eligibility for registration**

A parent is an Australian citizen/permanent, or	Yes	No
The child is an Australian citizen/permanent resident	Yes	No

**I am eligible to register my child for eKindy Queensland under the following categories:**

**Distance**

The child’s principal place of residence is at least 16 km by the most direct route by road from the nearest centre-based service catering for kindergarten-aged children (this includes state schools with State Delivered Kindergarten available).

Nearest centre-based service is \_\_\_\_\_

Distance from residential address to the centre (by the most direct route by road): \_\_\_\_\_ km

**Medical**

The parent has a medical certificate stating that the child is unable to attend a centre-based service for more than 10 consecutive weeks due to the child’s state of health.

Describe medical condition and attach a medical certificate.

**Travelling/Itinerant family**

Due to the nature of the occupation of a parent of the child, either the child’s principal place of residence is likely to change at least twice during the registration year, or the child will have to spend a period of at least 10 weeks, or a number of periods of at least 2 weeks that total at least 10 weeks, away from the child’s principal place of residence during the registration year.

State why this category applies.

**Section 4: Medical Information**

The parent/guardian for all children participating in **eKindy activity sessions/days** must complete this section. This information will assist staff to ensure that all children receive appropriate medical attention, if the need arises.

**eKindy Medical Information**

Condition			Nature of the condition and treatment/response required
1. Recent serious illness or operation	Yes	No	
2. Heart Problems	Yes	No	
3. Asthma/other Respiratory Problems	Yes	No	
4. Anaphylaxis: Trigger/s My child has an EpiPen	Yes	No	
5. Allergies/reactions (food/medications/other)	Yes	No	
6. Epilepsy	Yes	No	
7. Diabetes	Yes	No	
8. Anxieties/phobias	Yes	No	
9. Toileting/Bed Wetting/Soiling	Yes	No	
10. Medications required If yes, you will need to complete the medication register form on the day of any activity session/s, if medications are to be administered to your child	Yes	No	
11. Other:	Yes	No	
12: Ambulance coverage* Note: Queensland residents have automatic pre-hospital emergency ambulance coverage	Yes	No	

**Additional Emergency Contact** (other than parent/caregiver): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Medical Benefits Number: \_\_\_\_\_

**My child has received and is up to date with the following immunisations:**

*This information assists us to notify you if your child may have come into contact with an illness that they have not been immunised against*

Type	Up to date
Tetanus    Date of last booster _____	Yes    No
Hepatitis B (Birth, 2, 4, and 6/12 months)	Yes    No
Diphtheria; Tetanus; Pertussis, Polio, Hib, (2, 4, 6, 12 months)	Yes    No
Pneumococcal (2, 4, 6 and 18 months)	Yes    No
Meningococcal C (12 months)	Yes    No
Measles, Mumps, Rubella, Varicella (18 months <b>OR</b> Measles, Mumps, Rubella (4yrs)	Yes    No

\* Non-Queensland residents without Ambulance cover will be required to pay costs for Ambulance services, if required.

**eKINDY MEDICAL PERMISSION AND AUTHORISATION**

As a Parent/Guardian of \_\_\_\_\_ (child)

I, \_\_\_\_\_ (parent/guardian) give my consent for him/her to participate in eKindy activity sessions and I agree to delegate my authority to the staff involved.

I authorise teachers/staff to take whatever action they deem necessary to ensure the safety, well-being and successful conduct of the children as a group, or individually during eKindy activity sessions.

I also authorise the teachers/staff to obtain medical assistance/treatment that they deem necessary and agree to pay all medical expenses incurred on behalf of the above child.

I submit the medical information about the above child and include details of limitations that he/she has for the activity concerned. **Any change in the medical status of the child will be notified immediately in writing to the eKindy teacher/s involved in delivering activity sessions.**

**Note:** *The Department of Education and Training does not have Personal Accident Insurance cover for students.*

- I understand that this information will be kept on file at the SDE that is supporting my child and will be available to other eKindy teachers/staff supporting my child during the year.
- It is my responsibility to advise eKindy Queensland if the information needs to be updated.
- This information is current for 12 months (i.e. a school year) unless rescinded in writing by a parent/guardian.
- A copy of any medical management plans will be attached to this form.

**SIGNATURE REQUIRED**

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## Section 5: COURT ORDERS\* Out-of-Home Care Arrangements\*

Under the *Child Protection Act 1999*, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care. Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.

Is the prospective student identified as residing in out-of-home care?	Yes	No
If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.	Commencement date	____/____/____
	End date	____/____/____
Contact details of the Child Safety Officer (if known)	Name	_____
	Phone number	_____

### Family Court Orders\*

Are there any current orders made pursuant to the <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the prospective student?	Yes	No
If yes, what are the dates of the court order? Please provide a copy of the court order	Commencement date	____/____/____
	End date	____/____/____

### Other Court Orders\*

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the student?	Yes	No
If yes, what are the dates of the court order? Please provide a copy of the court order	Commencement date	____/____/____
	End date	____/____/____

## Section 6: Planning for future schooling

This information assists us to allocate your child to a group with children from your are or preferred school for Prep.

Please record the name of the school you think your child will attend for Prep.

If you would like your child's registration to be associated with a particular School of Distance Education, please indicate which one.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Any (no preference)   | <input type="checkbox"/> Brisbane                  | <input type="checkbox"/> Cairns          |
| <input type="checkbox"/> Capricornia (Emerald) | <input type="checkbox"/> Capricornia (Rockhampton) | <input type="checkbox"/> Charters Towers |
| <input type="checkbox"/> Charleville           | <input type="checkbox"/> Longreach                 | <input type="checkbox"/> Mt Isa          |



## eKindy Queensland program resources and materials

How do you prefer to access the eKindy materials? USB Drive: PC Mac **AND/OR** Paper version:

## Further information

How did you find out about eKindy Queensland?

Do you intend for your child/children to participate in eKindy PlayDays?

Yes

No

If yes, which local site is your preference?

## Other Early Childhood services

Do you intend to access any other Early Childhood services? e.g. C&K, State Delivered Kindergarten, Childcare.

Yes

No

If yes, please provide further details:

## Privacy Statement for eKindy Queensland

Students full name

Date

The Department of Education is collecting the personal information detailed in this registration form in accordance with *Chapter 19, Part 1A, of the Education (General Provisions) Act 2006 (Qld)* and the Information Privacy Principles set out under the *Information Privacy Act 2009 (Qld)*. **This information is collected to determine your child's eligibility for registration** in a distance education pre-preparatory learning program offered by eKindy Queensland Brisbane School of Distance Education to create a record in the Department of Education Queensland One School system.

**This information will only be accessed by authorised staff within eKindy Queensland Brisbane School of Distance Education** and the Department of Education as required. De-identified information may be provided to the Commonwealth Department of Education and Training in accordance with Commonwealth/State funding arrangements. **Your information will not be given to any other person or agency without your consent**, or where required in response to lawful requests from public authorities.

I consent to eKindy Queensland allowing my child's future primary school to access their OneSchool record to enrol for Prep

Yes

Parent/Guardian signature

Date

## Return your eKindy registration form:

**By email to**

[eKindy@brisbanesde.eq.edu.au](mailto:eKindy@brisbanesde.eq.edu.au)

**Or post to**

Attention: eKindy  
Brisbane School of Distance Education  
GPO Box 1308  
Brisbane Qld 4001

Phone (07) 3727 2860

Please ensure all sections of this document are complete and required signatures are provided.