## OIN UNITED WE READ Hackham

## YOUR CHILD'S DETAILS Register only one child, choose the child that is 4 years old or under: First Name Family Name Female Male Date of Birth Country of Birth: Torres Strait Islander Both Aboriginal Disabilities: None Intellectual Learning **Psychiatric** Speech Visual Physical / Diverse Sensory: Hearing Street Address\* Suburb State Postcode \*Please - ensure that the mailing address supplied is secure and able to accommodate book packages. We cannot accept responsibility for missing or stolen books. **PARENT/GUARDIAN DETAILS** Title First Name Last Name Mobile **Email Address** Date of Birth Country of Birth: Primary Language spoken at home Are you of Aboriginal or Torres Strait Islander origin? Aboriginal Torres Strait Islander **Both** Do you identify as having any Disabilities: None Intellectual Learning Psychiatric Speech Physical / Diverse Hearing Sensory: Visual Adult relationship to Child: Mother Father Grandparent Step Parent Non-related Carer **Related Carer**











# JOIN UNITED WE READ Hackham

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