

## YOUR CHILD'S DETAILS

Register only one child, choose the child that is 4 years old or under:

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Male ☐ Female

Country of Birth: \_\_\_\_\_

☐ Aboriginal ☐ Torres Strait Islander ☐ Both

Disabilities:

☐ None ☐ Intellectual ☐ Learning ☐ Psychiatric ☐ Speech  
☐ Physical / Diverse ☐ Sensory: ☐ Visual ☐ 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?

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both

Do you identify as having any Disabilities:

☐ None ☐ Intellectual ☐ Learning ☐ Psychiatric ☐ Speech  
☐ Physical / Diverse ☐ Sensory: ☐ Visual ☐ Hearing

Adult relationship to Child:

☐ Mother ☐ Father ☐ Step Parent ☐ Grandparent  
☐ Related Carer ☐ Non-related Carer

Would you like to receive regular information emails from AnglicareSA Communities for Children Onkaparinga on local events, activities, programs and services relevant to children aged 0-12 and their families?

☐ Yes Please provide email address you would like this information sent to if it is not the same as on page 1: \_\_\_\_\_

☐ No

You understand that to register with **United We Read** you must be the parent or legal guardian of the child being registered. By completing this form, you consent to the use of your personal information by United Way Australia and its program partners: to process your registration, to contact you about the program and our services, to send electronic communications and for internal purposes.

United Way Australia protects the privacy and security of information provided by you in accordance with our privacy policy accessible at:  
[www.unitedway.com.au/privacy-policy](http://www.unitedway.com.au/privacy-policy).

I consent to the collection and storage of my child's information by United Way/ AnglicareSA for the purpose of demographic information being entered onto the Department of Social Services Data Exchange, visible to the DSS in an un-identified format only, to support the ongoing funding of programs in the Onkaparinga region. I understand that I can withdraw my consent at any time. (United We Read Hackham is a Communities for Children activity funded by the Australian Government Department of Social Services).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

Please submit registration forms to: [uwr.assistant@unitedwaysa.com.au](mailto:uwr.assistant@unitedwaysa.com.au)

PO Box 132 Pooraka SA 5095

**0411 164 530** – United Way SA Office

[www.imaginationlibrary.com.au](http://www.imaginationlibrary.com.au)

**[www.unitedwaysa.com.au](http://www.unitedwaysa.com.au)**

**f@ReadAloudAustralia**

(\*Your first book delivery will occur within 8-10 weeks, pending approval)