



*Together We Grow* participant registration details

Family details	
Parent's name	Circle: Male Female
Child's name	
Child's age	Circle: Male Female
Does your child attend childcare or preschool?	
Child's name	
Child's age	Circle: Male Female
Does your child attend childcare or preschool?	
Child's name	
Child's age	Circle: Male Female
Does your child attend childcare or preschool?	
Your contact details	
Telephone number	
Email address	

Postal address			
Country of birth			
Language/s spoken at home			
What do you like to do? (interests)	<input type="checkbox"/> Reading (bookclub)	<input type="checkbox"/> Craft or art activities	<input type="checkbox"/> Active (sport, dance)
	<input type="checkbox"/> Outdoor activities (gardening, walking)	<input type="checkbox"/> Games (board games, cards, word puzzles)	<input type="checkbox"/> Music
	<input type="checkbox"/> Social activities	<input type="checkbox"/> Relaxation and spirituality (yoga, meditation)	<input type="checkbox"/> Social media
What qualifications or skills do you have?			



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