



Please scan and return to Claire Harris at createhubriverina@gmail.com

CREATE HUB Term 1, 2020 Workshops

CLASS DAY & TIME: _____

STUDENT NAME: _____

DOB/AGE: _____

SCHOOL: _____

I WOULD LIKE TO USE MY CREATIVE KIDS VOUCHER:

YES / NO

CREATIVE KIDS VOUCHER NO:

ALLERGIES or FOOD PREFERENCES/AVERSIONS:

PERMISSIONS – PLEASE SIGN

1) SOCIAL MEDIA PERMISSION

I give CREATE HUB permission to post images of my child on CREATE HUB’s Facebook and Instagram

YES / NO SIGN: _____

2) CATERING PERMISSION

I give CREATE HUB permission to offer healthy snacks for afternoon tea during class times (please ensure any allergy or food aversions are listed above)

YES / NO SIGN: _____

3) EXPLORATION PERMISSION

Some projects may involves walking outside and collecting items to use as inspiration for projects.

I give CREATE HUB permission to take my child outside of the designation workshop space under adequate supervision.

YES / NO SIGN: _____

PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN NAME:

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

SECONDARY CONTACT (Partner/Grandparent)

NAME:

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

Please provide names and phone numbers of any other adults that may pick your child up from CREATE HUB. As I have a duty of care to our Create Hubbers, I cannot let a student leave with an adult whose name isn’t on this form.

MEDICAL INFORMATION

Does your child have any medical conditions that we need to be aware of:

YES / NO

More detail: -

