

Bright Sparks

Learning Club

Student Information and Authorisation Form 2022

Name of Child: _____

Date of Birth: _____ School Year/Grade: _____

Name of School: _____

Gender: Male Female Intersex/Indeterminate Not Stated

YES Aboriginal YES Torres Strait Islander NO

Does your child have one or more of the following impairments, conditions or disabilities?

Intellectual learning Psychiatric Sensory/speech Physical

Not stated None

Please specify details if applicable:

Are you of Non-English Speaking Background (NESB)? YES NO

Language spoken at home: _____ Country of Birth: _____

Do you sometimes need an interpreter? YES NO

Does your child have any food allergies? YES / NO (Circle One).

Name of Child: _____

Date of Birth: _____ School Year/Grade: _____

Name of School: _____

Gender: Male Female Intersex/Indeterminate Not Stated

YES Aboriginal YES Torres Strait Islander NO

Does your child have one or more of the following impairments, conditions or disabilities?

Intellectual learning Psychiatric Sensory/speech Physical

Not stated None

Please specify details if applicable:

Are you of Non-English Speaking Background (NESB)? YES NO

Language spoken at home: _____ Country of Birth: _____

Do you sometimes need an interpreter? YES NO

Does your child have any food allergies? YES / NO (Circle One).

Name of Parent(s) or Guardian(s):

Parent/Guardian 1.

Parent/Guardian 2.

Name: _____

Name: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Are you of Non-English Speaking Background (NESB)? YES NO

Language spoken at home: _____ Country of Birth: _____

Do you sometimes need an interpreter? YES NO

I authorise my child/ren to attend the Bright Sparks Learning Club on Monday afternoons between 3:15pm and 4:45pm at the Coffs Harbour Neighbourhood Centre.

Please tick one box – how are your child/children allowed to go home after the Learning Club.

One of the following people will pick up my child/children between 4.45pm and 4.50pm (please list any people other than parents/guardians who have authority to pick up your child. Your child will not be released to any person/s not named here.)

Name:

Phone:

My child is permitted to walk / ride home at 4.45pm

Please collect your child/ren as soon as possible after 4.45pm. Tutors cannot stay after designated time and children who remain after the others have gone are often distressed. Please ring the Coffs Harbour Neighbourhood Centre on 6648 3694 or 0447 106 557 if there is an unforeseen event that means you will be late.

PRIVACY

I acknowledge that The Smith Family and Coffs Harbour Volunteering Inc. / Coffs Harbour Neighbourhood Centre will hold my personal information and that this will be stored in line with their privacy policy.

I give permission for this information to be shared with other organisations for the purposes of providing me with services or supports.

I understand that as part of funding obligations and planning to provide community care and programs, that some of my details may be provided to other organisations or government agencies, but that this will not include my name or my address.

The supply of this information is voluntary. I understand that if I do not supply the information, it may be difficult to make decisions about my support needs, to provide some services and care, and/or meet my individual needs.

EXCLUSION LIST

The Smith Family and Coffs Harbour Volunteering Inc. / Coffs Harbour Neighbourhood Centre will not share this information with an organisation or government agency if you do not want us to, except when we are required to by law. Are there any organisations that you do not want us to collect your information from or share your information with?

Organisation/s	Type of information (Personal, Sensitive or Health)	Collect Information, Share Information or both

Signature:

Date:



everyone's family

A Partnership between [The Smith Family](#) and [Coffs Harbour Neighbourhood Centre](#)

