



Norfolk Island Health and Residential Aged Care Service

Norfolk Island Active Kids Registration Form

Child's Details (Please complete a new form for each child)

Name: _____ Date: _____
First Last

Address: _____
Postal Address

Date of Birth: _____

Is your child currently enrolled at the NICS? YES NO

How many hours does your child currently participate in outside of school physical activity? 0 – 1 hour 2 - 4 hours 5 or more hours

Parent/Guardian/Carer Details

Name: _____
First Last

Phone: _____

Email Address _____

Relationship to child _____

Consent

Do you give NI Active Kids permission to contact NICS to check enrolment status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you give NI Active Kids permission to contact you as part of the evaluation of NI Active Kids?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Signature

Signature: _____ Date: _____