



Norfolk Island Health and Residential Aged Care Service – Health and Wellbeing

Norfolk Island Active Kids Registration Form

Child's Details

Date: _____

CHILD 1	CHILD 2
Name:	Name:
Date of birth:	Date of birth:
Postal Address of child:	
Is your child currently enrolled at the NICS? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is your child currently enrolled at the NICS? YES <input type="checkbox"/> NO <input type="checkbox"/>
How many hours does your child currently participate in outside of school physical activity? 0-1 hour <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 5 or more hours <input type="checkbox"/>	How many hours does your child currently participate in outside of school physical activity? 0-1 hour <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 5 or more hours <input type="checkbox"/>

Parent/Guardian/Carer Details

Name: _____
First Last

Phone: _____

Email Address _____

Relationship to child _____

Signature

Signature: _____ Date: _____

Please note that by signing this form you acknowledge that your child's NI Active Kids voucher can only be used for one registered sport/activity provider in the valid period indicated on the voucher