



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	CHILD 3	CHILD 4
Name of child				
Date of birth				
Is your child currently enrolled at NI Central School	Please circle YES NO	Please circle YES NO	Please circle YES NO	Please circle YES NO
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"/>	0-1 hour <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 5 or more hours <input type="checkbox"/>	0-1 hour <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 5 or more hours <input type="checkbox"/>	0-1 hour <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 5 or more hours <input type="checkbox"/>
Postal Address of child/children:				

Parent/Guardian/Carer Details

Name: _____

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