

## Norfolk Island Active & Creative Kids Registration Form 2025-2026

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Name of child				
Date of birth of child				
Age of child				
Is your child currently residing on NI and enrolled at school?	<b>Please circle</b> YES NO	<b>Please circle</b> YES NO	<b>Please circle</b> YES NO	<b>Please circle</b> YES NO
On average, how many after school programs does your child participate in?				
How many hours of physical or creative activities does your child currently engage in outside of school?	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"/>
Do these vouchers make it more financially feasible to encourage your child to participate in after-school programs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
What do you like most about this NI Active & Creative Kids Program?				

### Parent/Guardian/Carer Details

**Please note:** by signing this form you acknowledge that your child's NI Active & Creative Kids voucher can only be used with a registered provider in the valid period indicated on the voucher.

Name:			
Email Address:			Phone Number:
Relationship to child:			
Signature:			Date:

#### Official use:

	Child 1	Child 2	Child 3	Child 4
Voucher #1				
Voucher #2				
On register				
On SM				
Voucher 1 Provider				
Voucher 2 Provider				