

Children in Care SPORT AND LEISURE SCHEME MEMBERSHIP APPLICATION FORM



Name of preferred Leisure Centre:	
<i>Please first check for participating centres listed on the sport and leisure webpage: http://www.virtualschool.lea.kent.sch.uk/health/sport-and-leisure-scheme</i>	
CHILD'S DETAILS	
Surname:	
First Name(s):	
Date of Birth:	
Address:	
Postcode:	
Home Tel:	
AUTHORISATION ON BEHALF OF SOCIAL SERVICES	
Name of Placing Authority:	
Two Passport Photos Enclosed?	Yes / No
Permission for Webcam/Photo?	Yes / No
Contact Name:	
Position:	
Telephone:	
Email:	
Manager Signature:	
Date:	
For KENT CiC Applications:	Please send completed form (and photo's if required) to the Integrated Children and Young People Service Manager
For OTHER LOCAL AUTHORITY CiC Applications:	Please send completed form (and photo's if required) to: Ann Parnell, Deputy Head, Virtual School Kent, Brook House, John Wilson Business Park, Reeves Way, Whitstable, Kent CT5 3SS
FOR OFFICE USE ONLY	
Application Approved:	Yes / No
Signature:	
Print Name:	
Date:	