



# P.R.O. Kids – Application

Positive Recreation Opportunities For Kids  
For youth 18 years of age and under in Financial Need

SUPPORTED BY



**APPLICANT INFORMATION** - All Applications are considered on a first come, first served basis

FIRST NAME OF CHILD			LAST NAME OF CHILD		
GENDER M <input type="checkbox"/> F <input type="checkbox"/>	AGE	BIRTHDATE DD   MM   YYYY	SEASON (Only one program per child, per season) <input type="checkbox"/> FALL   <input type="checkbox"/> WINTER   <input type="checkbox"/> SPRING   <input type="checkbox"/> SUMMER		SCHOOL
ADDRESS (Must be a resident of Saint John, Grand Bay Westfield, Rothesay or Quispamsis)				APT #	POSTAL CODE
FIRST NAME OF PARENT / GUARDIAN			LAST NAME OF PARENT / GUARDIAN		
RELATIONSHIP	LEGAL CUSTODY OF CHILD: YES <input type="checkbox"/>   NO <input type="checkbox"/>		HOME PHONE	OTHER	
SIZE OF HOUSEHOLD: 1 PARENT <input type="checkbox"/>   2 PARENT <input type="checkbox"/>		WILL THIS CHILD BE IN ANOTHER PAID ACTIVITY DURING THIS TIME? YES <input type="checkbox"/>   NO <input type="checkbox"/>			
# OF CHILDREN UNDER 18 _____		If Yes, please describe _____			
E-MAIL ADDRESS			HAS THIS P.R.O. KIDS HELPED THIS CHILD BEFORE? YES <input type="checkbox"/>   NO <input type="checkbox"/>		

PLEASE CHECK ALL THAT CURRENTLY APPLY: Social Assistance  | Public Housing  | Access to a Vehicle  | Renting  | Mortgage  | Disability Benefit or EI  | Single Income  | Dual Income  | Part Time  | Child Support  | Unemployed  |

<p><b>What kind of assistance are you requesting from P.R.O. Kids</b> Registration Fees <input type="checkbox"/>   Transportation <input type="checkbox"/>   Equipment <input type="checkbox"/></p> <p><b>How much can you afford to pay for your own child's program costs? \$</b> _____ One Time <input type="checkbox"/>   Monthly <input type="checkbox"/></p>	<p><b>Application Deadline Dates</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Programs starting After</u></th> <th style="text-align: left;"><u>Deadline</u></th> <th style="text-align: left;"><u>Deadline</u></th> </tr> </thead> <tbody> <tr> <td>September 1<sup>st</sup></td> <td>May 31<sup>st</sup></td> <td>Fall</td> </tr> <tr> <td>December 1<sup>st</sup></td> <td>October 31<sup>st</sup></td> <td>Winter</td> </tr> <tr> <td>March 1<sup>st</sup></td> <td>January 31<sup>st</sup></td> <td>Spring</td> </tr> <tr> <td>June 1<sup>st</sup></td> <td>March 31<sup>st</sup></td> <td>Summer</td> </tr> </tbody> </table>	<u>Programs starting After</u>	<u>Deadline</u>	<u>Deadline</u>	September 1 <sup>st</sup>	May 31 <sup>st</sup>	Fall	December 1 <sup>st</sup>	October 31 <sup>st</sup>	Winter	March 1 <sup>st</sup>	January 31 <sup>st</sup>	Spring	June 1 <sup>st</sup>	March 31 <sup>st</sup>	Summer
<u>Programs starting After</u>	<u>Deadline</u>	<u>Deadline</u>														
September 1 <sup>st</sup>	May 31 <sup>st</sup>	Fall														
December 1 <sup>st</sup>	October 31 <sup>st</sup>	Winter														
March 1 <sup>st</sup>	January 31 <sup>st</sup>	Spring														
June 1 <sup>st</sup>	March 31 <sup>st</sup>	Summer														

<p><b>FIRST CHOICE ACTIVITY</b></p> <p>ACTIVITY _____</p> <p>ORGANIZATION _____</p> <p>START DATE _____ END DATE _____</p> <p>PROGRAM NAME _____ COST _____</p>	<p><b>ALTERNATE CHOICE ACTIVITY</b></p> <p>ACTIVITY _____</p> <p>ORGANIZATION _____</p> <p>START DATE _____ END DATE _____</p> <p>PROGRAM NAME _____ COST _____</p>
---	---

<p><b>REFERENCE</b></p> <p>Please provide at least 1 reference, preferably 2, who are neither a family member nor a friend, and who can confirm the personal and financial situation as they relate to the child. (Example: social worker, teacher, clergy, case manager, physician, lawyer, employer, group leader, etc.)</p>	
<p>NAME: _____</p> <p>POSITION: _____</p> <p>TELEPHONE: _____</p> <p>E-MAIL: _____</p>	<p>NAME: _____</p> <p>POSITION: _____</p> <p>TELEPHONE: _____</p> <p>E-MAIL: _____</p>

**AUTHORIZATION**

I, \_\_\_\_\_ (PRINT NAME), authorize the above reference(s) to release personal information as required for program placement to P.R.O. Kids. I assume full responsibility for the supervision of my child while participating in activities.

\_\_\_\_\_  
Signature of Parent / Guardian

Date: \_\_\_\_ dd \_\_\_\_ mm \_\_\_\_ yy

Information on this form is kept confidential and collected to maintain a record of individuals participating or utilizing courses, activities, or facilities.



MAIL – P.R.O. KIDS - 171 ADELAIDE STREET, P.O. BOX 1971, SAINT JOHN, NB E2L 4L1  
 PHONE: (506) 642-PLAY FAX:(506) 658-2902  
 WWW.PROKIDSSJ.CA PROKIDS@SAINTJOHN.CA