

**APPLICANT INFORMATION** (Please print clearly)

First Name of Child	Last Name of Child
Birth Date	Age
First Name of Parent or Guardian	Last Name of Parent or Guardian
Civic and Mailing Address	
Phone (home, work and/or cell)	Email Address

<b>SEASON APPLYING FOR:</b> WINTER    SPRING    SUMMER    FALL
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**ACTIVITY INFORMATION**

Name of Activity	Registration Cost	Amount Requested from PRO Kids
Organization Offering Activity	\$	\$
Organization Contact Name	Contact Information (Email and Phone Number)	
Activity Dates (Start and End)	How many weeks?	How many days per week?

**REFERENCE-** Please provide the name of a reference that is familiar with your personal and financial situation, who can verify that you require financial assistance from PRO Kids. This person should be an adult (not a relative or friend) who knows the family. (Example: Social Worker, Clergy, Group Leader, Coach, Teacher, Doctor)

Name of Reference	Organization
Phone (home, work, and/or cell)	Email Address

*Note: Parent(s)/guardian(s)' Revenue Canada Notice of Assessment may be requested to further evaluate an application.*

**Parental Consent-** I authorize the above reference to release relevant personal information as required by P.R.O. Kids. I further authorize P.R.O. Kids to collect this information for administration purposes including release to program providers.

<b>Parent / Guardian Signature</b> 	<b>Date</b>
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**Please Note: This application is confidential and will be used solely for PRO Kids purposes.**

FOR OFFICE USE ONLY		
Application Received	Reference Completed	Organization Contacted
Amount Approved	Cheque Requested	Letter to Organization and Parent
Notes		

**Please allow up to 3 week for processing.**

**Town of Lunenburg Recreation**  
119 Cumberland Street, PO Box 129, Lunenburg, NS B0J 2C0

CONTACT: mkiely@townoflunenburg.ca    Phone: 902-634-4006    Fax: 902-634-4416

*Applications are accepted four times per year (Winter, Spring, Summer & Fall). Maximum \$300/season/child.*