



PRO Kids APPLICATION FORM



APPLICANT INFORMATION (Please print clearly)

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

SEASON APPLYING FOR: <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL	Will this child be registered in another paid activity at the same time as this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please name activity:
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ACTIVITY INFORMATION

Name of Activity:	Registration Cost:	Amount Requested from PRO Kids:	
Organization Offering Activity:	\$	(Cannot exceed 50% of total registration cost. Maximum \$500.)	
Organization Contact Name:	Phone Number:	\$	
Activity Dates (Start and End):	How many weeks?	How many days per week?	How long each day?

REFERENCE – NOTICE OF ASSESSMENT

Please attach a current copy of all parent(s) and/or guardian(s)' Revenue Canada Notice of Assessment in your household to determine financial eligibility.

****Review the Town's PRO Kids financial eligibility requirements and income cut-offs at <http://www.kidsportcanada.ca/nova-scotia/apply-for-assistance/>**

FAMILY INFORMATION

Single Parent Dual Parent _____ Number of children (ages 0-18) in the family

Parental Consent - I authorize my Notice of Assessment to be used as a financial reference check as required by PRO Kids. I further authorize PRO Kids to collect this information for administration purposes including release to program providers.

Parent / Guardian Signature 	Date
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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:	Amt Approved:
Cheque Requested:	Organization Contacted:	Letter to Parent:
Letter to Organization:	Notes:	

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

Lunenburg Recreation Office

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Town of Lunenburg

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