



# P.R.O. Kids APPLICATION FORM



## APPLICANT INFORMATION (Please print clearly)

Name of Child	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Birth Date	
First Name of Parent or Guardian	Last Name of Parent or Guardian
Mailing Address	
Phone (home, work, 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 P.R.O. Kids: \$
Organization Offering Activity:	Do you require help with Equipment costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what equipment & cost?
Organization Contact Name:	Phone Number:	
Activity Dates (Start and End):		

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

Name of Reference	Organization
Phone Numbers (home, work, cell)	Email Address

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 and Canadian Tire Jumpstart.

Parent/Guardian Signature 	Date
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**Please Note: This application is confidential and will be used solely for the purposes of PRO Kids records.**

## FOR OFFICE USE ONLY

Application Received	#	Reference Completed	Approved	Denied
Notes:			Organization Contacted	Letter to Parent
Amt Approved	Equipment Requested		Cheque Requested	Letter to Organization

Municipality of Chester P.R.O. Kids  
ATTN: Cosette Howlett, P.R.O. Kids Coordinator  
151 King Street, PO Box 369, Chester NS B0J 1J0

~ Please allow up to 3 weeks for processing. ~

Phone 275-3490 Fax 275-3630 [prokids@chester.ca](mailto:prokids@chester.ca)