



PRO Kids APPLICATION FORM



APPLICANT INFORMATION (Please print clearly)

First Name of Child		Last 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	
Civic / 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 PRO 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):	How many weeks?	How many days per week?	How long each day?

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 PRO Kids. I further authorize PRO Kids to collect this information for administration purposes including release to program providers and Canadian Tire Jumpstart.

-) If you prefer, you can provide us with a copy of your Notice of Assessment instead of listing a reference.
-) Do you give permission for Jumpstart to communicate directly with you? Yes No

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

Municipality of Chester PRO Kids
 ATTN: Cosette Howlett, PRO Kids Coordinator
 151 King Street, PO Box 369, Chester NS B0J 1J0
 prokids@chester.ca

~ Please allow up to 3 weeks for processing. ~

Online Form: www.chester.ca/prokids
 Fax: 902-275-3630 Phone: 902-275-3490