P.R.O. Kids APPLICATION FORM

APPLICANT INFORMATION (Please print clearly)

First Name of Child		Last Name of Child
Gender: ☐ Male ☐ Female	Age	Birth Date
Civic Address		Mailing Address
Home Phone	Work Phone	Email Address
First Name of Parent or Guardian		Last Name of Parent or Guardian

SEASON (Only one activity per child, per season) ☐ WINTER ☐ SPRING ☐ SUMMER ☐ FALL

Has P.R.O. Kids supported this child in the past?	☐ Yes ☐No
Will this child be registered in another paid activity during this time?	☐ Yes ☐No If Yes, please describe activity:

FIRST CHOICE ACTIVITY

Activity:	
Organization:	
Contact Name:	Phone Number:
Registration Date(s):	
Activity Start Date:	Activity End Date:

SECOND CHOICE ACTIVITY

Activity:	
Organization:	
Contact Name:	Phone Number:
Registration Date(s):	
Activity Start Date:	Activity End Date:

REFERENCE - Please provide the name of a reference who can confirm the personal and financial situation as they relate to this child. (Example: Social Worker, Clergy, Group Leader, Coach, Teacher)

Name of Reference		Agency
What connection does the reference have with this child/family?		
Phone Number	Work Number	Email Address:

AUTHORIZATION - I authorize the above reference to release information as required for program placement to P.R.O. Kids. I further authorize P.R.O. Kids to collect this information for administration purposes including release to program provider.

Parent/Guardian Signature	**Date**

FOR OFFICE USE ONLY	
Application Submission Date	Completed By
Reference Complete Date	Completed By
Notes:	

Please allow 2-3 weeks to process application.

Municipality of the District of Lunenburg

Mail: 210 Aberdeen Road, Bridgewater, NS B4V 4G8
Phone: 902-541-1343
Fax: 902-527-1135
Email: jrand@modl.ca

For more information contact the P.R.O. Kids Administrator Janice Rand or visit our website at www.modl.ca