



# PRO Kids APPLICATION FORM

APPLICANT INFORMATION (Please print clearly)

First Name of Child:		Last Name of Child:	
Age:		Birth Date:	
Mailing Address Inc Postal Code:			
Phone (home, work, cell) :		Email Address:	
First Name of Parent or Guardian:		Last Name of Parent or Guardian:	
<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:	
Name of Activity:		Registration Cost: \$ Amount Requested: \$	
Organization Offering Activity:		Equipment/Clothing Cost: \$      Please specify: Amount Requested: \$	
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, 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 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. Please Note: This application is confidential and will be used solely for the purposes of PRO Kids records.

Parent/Guardian Signature: 	Date:
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FOR OFFICE USE ONLY			
Application Received	Reference Completed	Amt Approved	Cheque Requested
Equipment Requested	Organization Contacted	Letter to Parent	Letter to Organization
JUMP START	KIDSPORT	Date Submitted	

\*Please allow up to 3 weeks for processing.