



P.R.O. Kids ~ Application

For Children and Youth up to 18 Years of Age

This is a service for Saint John, Grand Bay-Westfield, Rothesay and Quispamsis residents.



1. APPLICANT INFORMATION

Name of Child/Youth: _____ Birth Date: ____mm ____dd ____yy
 Name of Parent/Guardian: _____ Male: _____ Female: _____ Age: ____
 Address: _____ Postal Code: _____
 Telephone (Day): _____ Telephone (Evening): _____

Please circle the area in which you live: SAINT JOHN NORTH SAINT JOHN SOUTH SAINT JOHN EAST SAINT JOHN WEST
 QUISPAMSIS ROTHEsay GRAND BAY-WESTFIELD

2. PROGRAM INFORMATION: If you have chosen a specific program in the community, fill in the details. If you are not aware of a program, name the activity and we will try to find a suitable program for you. If you have difficulty choosing an activity, call the P.R.O. Kids Manager for consultation at 642-7529.

Program begins in (circle one): Winter/Spring (Jan – Apr) Summer (May – Aug) Fall (Sept – Dec) Ongoing Program

1 st Choice Activity:	2 nd Choice Activity:
Organization offering activity:	Organization offering activity:

Will this child be registered in any other paid recreation program at this time?
 No: ____ Yes: ____ Describe: _____

Are you at all able to contribute financially to the program costs? No: ____ Yes: ____
 If yes, please indicate how much you can afford to contribute: \$ _____
 Would you like to volunteer to assist in fundraising for P.R.O. Kids? No: ____ Yes: ____

Deadline Dates for programs starting in:

Winter/Spring	Oct 31 st
Summer	Jan 31 st
Fall	May 31 st

3. THIS FORM HAS BEEN COMPLETED BY:

Name: _____ Telephone: _____

I, _____, authorize the following reference to release personal information, as required for program placement, to P.R.O. Kids. I further authorize P.R.O. Kids to collect this information. My signature also verifies that financial assistance is required from P.R.O. Kids in order for my child to participate. In addition, I assume full responsibility for the supervision of my child while participating in activities.

Signature: _____ Date: _____

4. REFERENCE: Please provide a reference who is familiar with your situation and who can verify that you require assistance from P.R.O. Kids. This person should be an adult who knows the child, is **not** a family member, and who is active in community activities. (Examples - teacher, coach, clergy, social worker, group leader, or co-worker)

Name of Reference: _____ Tel. (Day) _____
 Relationship to Child: _____ Tel. (Evening): _____

Personal information on this form is collected to maintain a record of individuals participating or utilizing courses, activities or facilities. All applications are processed on a first come, first served basis. P.R.O. Kids cannot guarantee placement, as the number of children placed is dependent on available funding. Questions can be directed to the P.R.O. Kids Manager, City of Saint John, Leisure Services Department, Ph: (506)642-7529.

Please mail completed application forms to:
 P.R.O. Kids, City of Saint John – Leisure Services Department, P.O. Box 1971, Saint John, NB E2L 4L1
 You can also fax it to (506) 658-2902 or drop it off at our office located at 171 Adelaide St., Saint John, NB,
 Monday-Friday 8:30am-4:30pm

Be sure to visit P.R.O. Kids at the City of Saint John web site: www.saintjohn.ca/prokids