

# PRO Kids APPLICATION FORM

PARTICIPANT INFORMATION (Please print clearly)

First Name of Child:		Last Name of Child:	
Age:		Birth Date:	
Street Address:	Community:	Postal Code:	
MODL is working to identify barriers to full economic and social inclusion. Data gathered from the questions below will be used to analyze the effectiveness of PRO Kids among diverse populations. <b>You do not have to answer the following questions:</b>			
Do they identify as belonging to a visible minority group?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
Do they identify as belonging to the 2SLGBTQIA+ community?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
Do they identify as a person with a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
First Name of Parent or Guardian:		Last Name of Parent or Guardian:	
Phone (home, work, cell):		Email Address:	
Name of Activity:		Registration Cost: \$ _____ Amount Requested: \$ _____	
Organization Offering Activity:		Equipment/Clothing Cost: \$ _____ Please specify: Amount Requested: \$ _____	
Organization Contact Name:		Phone Number:	
When is the Activity taking place? <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> ALL YEAR		Will this child be registered for another paid activity at the same time as this request? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please name activity: _____	
Activity Dates (Start and End):		How many weeks?	How many days per week?
			How long each day?

**PLEASE PROVIDE A REFERENCE\*  OR MOST RECENT NOTICE OF ASSESSMENT**

\*A reference is familiar with your personal and financial situation and can verify that you require financial assistance from PRO Kids. This person should not be a relative or friend but someone who knows your family situation. (Example: Social Worker, Clergy, Group Leader, Coach, Teacher, Doctor)

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


**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.

Please Note: This application is confidential and will be used solely for the purposes of PRO Kids records.

Signature of Parent or Guardian: 	Date:
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## FOR OFFICE USE ONLY

Application Received	Reference Completed	Amount Approved	Cheque Requested
<p><b>*Please allow up to 3 weeks for processing.</b>  <b>Municipality of the District of Lunenburg</b>  <b>10 Allée Champlain Drive, Cookville, NS B4V 9E4</b>  <b>Phone: (902) 541-1343 Fax: (902) 543-7123</b>  <b>Email: prokids@modl.ca</b></p>		 Positive Recreation Opportunities for Kids 