



Hampton P.R.O. Kids Application



Application Deadline:
 March 1st June 1st September 1st December 1st

1. APPLICANT INFORMATION

Name of Child/ Youth: _____ Date of Birth: ___dd ___mm ___yy
 Name of Parent / Guardian: _____ Male: ___ Female: ___ Age: ___
 Address: _____ Postal Code: _____
 Telephone (day): _____ Telephone (evening): _____

2. PROGRAM INFORMATION

Activity: _____ Number of weeks: _____
 Number of hours per week: _____ Cost: _____
 Organization offering the activity: _____
 Will you, the applicant, be registered in any other paid recreation program during the season?
 No: ___ Yes: ___ Describe: _____
 Are you 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 us in fundraising for P.R.O. Kids? No: ___ Yes: ___

3. THIS FORM HAS BEEN COMPLETED BY:

Name: _____ Telephone: _____
 Relationship to Applicant: _____

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 or friend, and who is active in community activities. (Examples include teacher, coach, clergy, social worker, group leader)

Name of Reference: _____ Email: _____
 Relationship to Reference: _____ Telephone (evening): _____

I, _____, authorize the above 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: _____

FOR OFFICE USE ONLY

Date Received:			
Date Reference Called:		Verified:	
Date Program Called:		Verified:	
Notes:			

