



# Municipality of Chester P.R.O. Kids APPLICATION FORM



**Application Information** ((Please print) Allow 3 weeks to process application.

Name of Child / Youth: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age Today: \_\_\_\_\_ Male  or Female

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (home, work, cell): \_\_\_\_\_

Email: \_\_\_\_\_

### Program Information

What activity are you applying for? \_\_\_\_\_

Name of Group offering the program? \_\_\_\_\_

Group Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program Dates: From \_\_\_\_\_ To \_\_\_\_\_

Cost of Registration? \_\_\_\_\_

How much can you contribute, if any? \_\_\_\_\_

Do you require help with equipment costs? YES or NO

If so, what equipment is needed? \_\_\_\_\_

Will your child be registered in other program(s) at the same time as this request? YES or NO

If so, what program(s)? \_\_\_\_\_

### Reference Information

Please provide a reference person that is familiar with your situation and who can verify that you require financial assistance from P.R.O. Kids. This person should be an adult who knows the child and who is active in community activities. (For example: Social Worker, Teacher, Coach, Clergy, Group Leader, Councillor, Doctor) The reference should NOT be a family member or close friend. If you are a client of Community Services, please feel free to have them stamp this form with their approval.

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



### Parent's Consent

By Signing below you agree to the P.R.O. Kids Coordinator contacting your reference to obtain relevant personal information as required for program placement through P.R.O. Kids.

 **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIDENTIALITY** of all recipients will be protected. Personal information on this form is collected under the authority of the Municipal Government Act, and will be used to maintain a record of individuals participating in activities through our P.R.O. Kids Program.

**Office Use Only**  
Application Received \_\_\_\_\_ Reference Complete \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Reference Notes \_\_\_\_\_  
Amount Approved \_\_\_\_\_ Equipment Requested \_\_\_\_\_ Organization Contacted \_\_\_\_\_  
Confirmation letter to Parent \_\_\_\_\_ Confirmation letter to Organization \_\_\_\_\_

# Contact Information

***Cosette Howlett***  
***P.R.O. Kids Coordinator***

**Municipality of the District of Chester  
Recreation & Parks Department**

151 King Street, P O Box 582  
Chester NS B0J 1J0

Phone: 275-3490 Fax: 275-3630

**Email:** [chowlett@chester.ca](mailto:chowlett@chester.ca)  
**Website:** [www.chester.ca](http://www.chester.ca)

## Municipality of Chester



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