

HRM KIDS APPLICATION FORM

Healthy Recreation Motivates Kids



Healthy Recreation Motivates KIDS

APPLICANT INFORMATION (PLEASE PRINT)					
First name of child			Last name of child		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age (as of this date)	Birthdate DD / MM / YY	Season (only one program per child, per season) <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		
Full Address (must be a resident of HRM to qualify)				APT. #	Postal code
First name of Parent or Guardian			Last name of Parent or Guardian		
Home phone	Work Phone	Other		Email Address	
Has HRM Kids placed this child in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will this child be registered in another paid activity during this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe activity _____			

ACTIVITY CHOICE		
Activity	Organization	Start Date/Time
Contact Name & Number	Cost of Activity	Other relevant info (e.g level, program name, course code)

REFERENCE			
Please provide the name of a reference who can confirm the personal and financial situation as they relate to this child. (Example: Social Worker, Clergy, Group leader, Coach, Teacher)			
Name of reference		Agency	
What connection does the reference have with this child/family			
Home phone	Work Phone	Other	Email Address

AUTHORIZATION	
<input type="checkbox"/> I authorize the above reference to release personal information as required for programs placement to HRM Kids.	
<input type="checkbox"/> I further authorize HRM Kids to collect this information for administrative purposes including release to program providers.	
Parent/ Guardian Signature	Date

FOR OFFICE USE ONLY							
Date Application Received		Staff Member Processed By		Reference Complete Date		Total Cost of Program	
Financial Details:	GL Number	Revenue Number	Cost Breakdown:	HRM Kids	Parents	Service Provider	Other
Contact Name & Mailing Address if Required							

Please allow 2-3 weeks to process application.

Mail: HRM Kids
c/o Cpt Wm Spry Community Centre
10 Kidston Rd
Halifax, NS B3R 2J7

Fax: (902) 479-1177

For More Information phone (902) 479-4760
Or visit our website: www.halifax.ca/recreation

