

**HRM KIDS APPLICATION FORM**  
 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. # City	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 George Dixon Community Centre  
 2502 Brunswick Street  
 Halifax, NS B3K 3C3  
 Fax: (902) 490-4570  
 For More Information phone (902) 490 - 3894  
 Or visit our website: [www.halifax.ca/rec](http://www.halifax.ca/rec)



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