

P.R.O. KIDS APPLICATON FORM



All applications are considered on a first-come, first-served basis.

(Must be a resident of Saint John, Grand Bay-Westfield, Rothesay or Quispamsis)

FIRST NAME OF CHILD:				LAST NAME OF CHILD:			
GENDER:	AGE:	BIRTHDATE: DD	MM YYYY	HAS PRO KIDS SUPPORTE BEFORE? YES □ NO		IS YES, WHEN?	
ADDRESS:		-				AL CODE:	
FIRST NAME OF PARENT/GUARDIAN: LAST NAME OF P				ARENT/GUARDIAN:			
RELATIONSHIP:						_	
TELEPHONE: EMAIL:			EMAIL:			☐ Sign up to receive P.R.O. Kids news and updates by email.	
DESIRED ACTIVITY:							
ORGANIZATION:							
START DATE:				END DATE:			
ACTIVITY COST:				WILL THE CHILD BE IN ANOTHER PAID ACTIVITY AT THIS TIME?			
				YES NO NO			
WHAT KIND OF ASSIST		U REQUESTING FROM ANSPORTATION	M PRO KIDS? ☐ EQUIPMENT				
music, and cultural ac makes no represental activities provided by To ensure your child's	ctivities. The m tion or warran the community safety and ove	naterial and informat ties of any kind, exp organizations. P.R.C erall positive experie	tion provided about ress or implied abo D. Kids does not end nce, P.R.O. Kids enc	these organizations are for gut the completeness, accurac orse any organization, nor doe ourages parents and guardial	general information y, reliability, suita es it provide any go ns to learn about	int John youth in sport, recreation, art, on purposes only. The City of Saint John ability or availability with respect to the overnance over their services or policies. the organization before registering. Ask see children attend or ask for references.	
	-						
•	mples may be	a social worker, case	•		•	s them to confirm your personal or roup leader, physician or lawyer.	
NAME:			NAME:				
POSITION:			POSITION:				
TELEPHONE:			TELEPHONE:				
EMAIL:			EMAIL:				
AUTHORIZATION							
I,			**			NAL INFORMATION AS REQUIRED FOR	
ACTIVITY PLACEMENT I	пкообн Р.К.С	J. NIDS. I ASSUME FL	ILL KESHONZIRITITA	FOR THE SUPERVISION OF M	T CHILD WHILE PA	KTICIPATING IN ACTIVITIES.	
	IGNATURE OF	PARFNT/GUARDIAN		_ DATE:	/		