

P.R.O. Kids Edmundston Application Form

Recreational Opportunities Offered to Youth

- P.R.O. Kids Edmundston is accessible only to Edmundston residents aged 18 or under.
- Requests are processed on a first come, first served basis.
- This confidential service is offered by P.R.O. Kids Edmundston and the Edmundston Recreation and Sports Department.
- P.R.O. Kids Edmundston gives itself a period of 4 to 6 weeks to study your request.
- It is important that you send your request at least 6 weeks before the start of registration for the chosen activity.

Have you already benefited from P.R.O. Jeunesse Edmundston services? ☐ Yes ☐ No					
SECTION A: APPLICANT INFORMATION (The applicant is the parent or legal guardian of the child or children)					
LAST NAME:	FIRST NAME:				
HOME ADDRESS:	POSTAL CODE:				
HOME PHONE :	CELL PHONE :				
E-MAIL:	NUMBER OF CHILDREN TO REGISTER:				
RELATIONSHIP WITH CHILD OR CHILDREN: Mother Father Legal Guardian Other:	THIS APPLICATION IS FOR WHICH SEASON? Spring Summer Fall Winter				
SECTION B: FAMILY AND FINANCIAL INFO					
ARE YOU IN ONE OR MORE OF THE FOLLOWING SITUATIONS: Refugee (less than a year in Canada) Newcomer (less than one year in Canada) Social Assistance Program Housing with "NB Housing" Unemployed Widower or widower Single parent Student parent Other: None of the above					
HOW MANY INDIVIDUALS ARE IN YOUR HOUSEHOLD (CHILDREN AND ADULTS)?	HOW MANY ARE 18 YEARS OF AGE?				
HOW MANY ADULTS ARE FINANCIALLY RESPONSIBLE IN YOUR HOUSEHOLD?	WHAT IS THE COMBINED ANNUAL SALARY OF THESE ADULTS?				
	RTANT*** OR THE MOST RECENT T4 FOR EACH ADULT				
WHY ARE YOU ASKING FOR THE HELP OF P.R.					

Initials	
mmais	

SECTION C: REFERENCES

Please indicate the names of two people who can testify about your financial and family situation and confirm that you require the help of P.R.O. Kids Edmundston. These adults, active in the community, must know the child and/or the family.

*Family members are not accepted as references.

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1st reference	2nd reference				
NAME:	NAME:				
RELATIONSHIP: Manager, Supervisor Lawyer Social worker Teacher, member of management, early childhood educator Health professional Probation officer Financial advisor, Accountant Representative of the Northwest Resource Center for Newcomers Inc.	RELATIONSHIP: Manager, Supervisor Lawyer Social worker Teacher, member of management, early childhood educator Health professional Probation officer Financial advisor, Accountant Representative of the Northwest Resource Center for Newcomers Inc.				
E-MAIL:	E-MAIL:				
PHONE:	PHONE:				
I,					
SECTION D: READ THIS SECTION CAREFU	LLY				
The applicant releases the municipality of Edmundston, the Edmundston Recreation and Sports Department, P.R.O. Kids Edmundston, their agents, mandataries and employees against all actions, procedures, claims, costs, damages, expenses and demands which could be incurred or incurred in relation to any losses, damages or injuries which could arise from the participation of the beneficiary of the P.R.O. Kids Edmundston program before, during and after participating in the activity of their choice. The applicant releases the municipality of Edmundston, the Edmundston Recreation and Sports Department, P.R.O. Kids Edmundston their agents, mandataries and employees towards the smooth running and quality of the activity selected by the beneficiary from all liability. The personal information that appears on this form will be kept confidential and may only be reproduced with the consent of the applicant. It					
will be used to keep a register of people who use the P.R.O. Kids Edmundston services. Please direct your questions to our coordinator at the Sports Pavilion, P.O. Box 605, Edmundston, NB, E3V 3L2 or by calling (506) 737-6925.					
☐ I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT					
SIGNATURE:	DATE:				
For internal use only					
Received by: Date:	Time:				
Please complete this form, mail it, bring it, or fax it to: P.R.O. Jeunesse Edmundston, P.O. Box 605, Edmundston, NB E3V 3L2 – Fax: (506) 737-6850					

The P.R.O. Jeunesse concept was developed by the Municipality of Thunder Bay, Ontario.

Initials :

LAST NAME:		FIRST NAME:			
MEDICARE NUMBER:	DATE OF BIRTH	(DD/MM/YYYY)	GENDER:		
C	HOICES O	FACTIVITY	Y		
What type of help are you asking fo ☐ Registration only ☐ Equipment only ☐ Registration and equipment	or?	IMPORTANT The parent/guardian is responsible for registering their child for the activity and take care of their transportation.			
	First o	·hoice			
TYPE OF ACTIVITY:			TEAM/GROUP/ORGANIZATION:		
REGISTRATION COST:		ORGANIZATION'	S PHONE OR E-MAIL:		
	Second	choice			
TYPE OF ACTIVITY:	Second	TEAM/GROUP/OF	RGANIZATION:		

SECTION E: INFORMATION ABOUT THE CHILD

REGISTRATION COST:

IMPORTANT

ORGANIZATION'S PHONE OR E-MAIL:

If you wish to apply for several children, please print page 3 or request individual copies of page 3 for each child you wish to register.