



PRO Kids APPLICATION FORM



APPLICANT INFORMATION This form is available for submission online at www.prokidsthunderbay.ca

FIRST NAME OF CHILD				LAST NAME OF CHILD			
GENDER M F		BIRTH DATE DAY MONTH YEAR		AGE (As of this date)		REGISTRATION SEASON (Only one program per child, per season) WINTER SPRING SUMMER FALL	
ADDRESS				APT.#		CITY (Must be a Resident of Thunder Bay or Metro Area)	
FIRST NAME (PARENT/ GUARDIAN)				LAST NAME (PARENT/ GUARDIAN)			
PRIMARY PHONE		SECONDARY PHONE		EMAIL ADDRESS			
HAS PRO Kids PLACED THIS CHILD IN THE PAST? YES NO		WILL THIS CHILD BE REGISTERED IN ANOTHER PAID ACTIVITY DURING THIS TIME? YES NO If Yes, please describe activity					
		APPLYING FOR OTHER FUNDING? YES NO If Yes, from where?					
HOW DID YOU HEAR ABOUT PRO Kids?							

FIRST CHOICE ACTIVITY

SECOND CHOICE ACTIVITY

ACTIVITY (Example: Swimming)	ACTIVITY
NAME OF ACTIVITY PROVIDER (Example: Canada Games Complex)	NAME OF ACTIVITY PROVIDER
OTHER RELEVANT INFO. (e.g. level, class name, etc)	OTHER RELEVANT INFO.

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, Professional). Alternatively, you may attach a current financial statement including recent pay stubs, TBDSSAB or ODSP statement, or last year's notice of assessment.

NAME OF REFERENCE	AGENCY
WHAT CONNECTION DOES THE REFERENCE HAVE WITH THIS CHILD/ FAMILY?	
PRIMARYPHONE	SECONDARY PHONE
EMAIL ADDRESS	

AUTHORIZATION

Any personal information we collect is collected under the authority of the Municipal Act, 2001. Personal information is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act. The personal information collected is for the purpose of administering the PRO Kids service. None of your personal information will be shared, rented, sold or otherwise released to any third party without your authorization. Any questions regarding this collection should be addressed to PRO Kids Coordinator.

I authorize the above reference to release personal information as required for program placement to PRO Kids. I further authorize PRO Kids to collect this information for administrative purpose including release to program provider.

Parent/ Guardian (Youth 14 years and over may sign on their own behalf)
Signature: _____ Date: _____

SUBMISSION & INFORMATION

Please allow a minimum of 2 weeks to process this application.
First time applicants should discuss their eligibility by calling the PRO Kids Coordinator two days following application submission.

Submit Application by:
Email - prokids@thunderbay.ca Fax - (807) 625-1444
Mail - Victoriaville Civic Centre, Community Services Dept. 111, Syndicate Ave S. Thunder Bay ON, P7E 6S4

For more information call the **PRO Kids Coordinator at (807) 625-3212**
Visit: www.prokidsthunderbay.ca or www.facebook.com/prokidsthunderbay/

FOR OFFICE USE ONLY		DATE RECEIVED
APPLICATION ENTERED DATE	BY	
REFERENCE COMPLETE DATE	BY	