



# P.R.O. Kids APPLICATION FORM

## APPLICANT INFORMATION *(Please Print)*

FIRST NAME OF CHILD			LAST NAME OF CHILD		
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	AGE (As of this date)	BIRTH DATE 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		
ADDRESS <i>(Must be a resident of Thunder Bay to qualify)</i>				APT. #	POSTAL CODE
FIRST NAME OF PARENT OR GUARDIAN			LAST NAME OF PARENT OR GUARDIAN		
HOME PHONE	WORK PHONE	OTHER	EMAIL ADDRESS		
HAS P.R.O. 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 _____			

## FIRST CHOICE ACTIVITY

ACTIVITY
ORGANIZATION
REGISTRATION DATE(S)
START DATE
OTHER RELEVANT INFO. (e.g. level, program name)

## SECOND CHOICE ACTIVITY

ACTIVITY
ORGANIZATION
REGISTRATION DATE(S)
START DATE
OTHER RELEVANT INFO. (e.g. level, program name)

## 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

I authorize the above reference to release personal information as required for program placement to P.R.O. Kids. I further authorize P.R.O. Kids to collect this information for administrative purposes including release to program provider.

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## THIS FORM HAS BEEN COMPLETED BY *(Please Print)*

NAME		ADDRESS (If different from above)	
DATE	HOME PHONE	WORK PHONE	

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

DATE RECEIVED STAMP

**Please allow 2-3 weeks to process application.**

**Mail:** Community Services Dept.  
111 Syndicate Avenue S.,  
Thunder Bay ON P7E 6S4  
**or Fax:** (807) 625-1444

**For More Information phone (807) 625-3212  
or visit our website: [www.prokidsthunderbay.com](http://www.prokidsthunderbay.com)**



**RECREATION & CULTURE  
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