



PLEASE PRINT

CS- REAL Application
Date Received:

Community Services

REAL PROGRAM

Deadline Dates:

Summer: April 17 Fall: July 17 Winter/Spring: Nov 17

Application Season (one program per child, per season)

SECTION 1

Select One Summer Fall Winter/Spring Proof of Residency Yes No Proof of Income Yes No

Applicant Information (Please Print)

SECTION 2

First Name of Child: _____ Last Name of Child: _____
Gender: Male Female Birth Date (YY/MM/DD): _____ School: _____
Address: _____ City: _____ Apt #: _____ Postal Code: _____
Parent/Guardian: _____ Relationship to Child: _____
Home Phone: _____ Work/Cell Phone: _____ Email: _____
Second Contact Name: _____ Relationship: _____ Phone: _____
Has this child been placed in a program through the REAL Program in the past? Yes No
Will this child be registered in another paid/sponsored activity? Yes No
Do you own or have access to a vehicle? Yes No
Equipment Required: Yes No _____
Please list any additional information (allergies, asthma, disabilities or behavioural issues) which may impact participation in any program: _____

Program / Activity Preference

SECTION 3

Please list the type of program the participant is interested in

Choice # 1

Choice # 2

Choice # 3

Days/times that are not suitable:

Household Occupants/Proof of Income

SECTION 4

Please list ALL persons in the household and income for each adult as stated on Line 150 of Notice of Assessment. Proof of Income needed, please **attach** Canada Revenue Agency Notice of Assessments (NOA) for all adults living in your home. To obtain your most recent NOA call: 1-800-959-8281 or log into my account: <http://www.cra-arc.gc.ca/myaccount>.

Occupant	Name	Income	Birthdate	School
Adult 1	_____	_____	N/A	N/A
Adult 2	_____	_____	N/A	N/A
Child 1	_____	N/A	_____	_____
Child 2	_____	N/A	_____	_____
Child 3	_____	N/A	_____	_____



NEWFOUNDLAND AND LABRADOR, CANADA

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Authorization (Form MUST be signed to be processed)	SECTION 5
I authorize the REAL Program to collect and release the necessary information (excluding financial information) for administrative purposes. My signature also verifies that financial assistance is required from the REAL Program for my child to participate. I assume full responsibility for the supervision of my child while in the program. Signature: _____ Date: _____	
Privacy Notice	SECTION 6
Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email real@stjohns.ca	
Please return completed forms to:	For further information:
City of St. John's Recreation Division P. O. Box 908 St. John's, NL A1C 5M2	Phone: (709) 576-8684/4556 Email: real@stjohns.ca Fax: (709) 576-2308

Canadian Tire Jumpstart, a REAL community partner and funder, requires a [Terms and Conditions Agreement](#) to be read and signed by all parents/guardians. Please sign below.

<p>Signed this _____ (Day) of _____ (Month), 20____, (Year) at <u>St. John's</u> _____ (City) in the Province or Territory of <u>Newfoundland</u> _____.</p> <p>Parent/Guardian: _____ (Signature) _____ (Print)</p> <p>Parent/Guardian: _____ (Signature) _____ (Print)</p> <p>Community Partner: <u>The REAL Program</u> _____ (Print Name of Organization)</p>
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