



CITY OF ST. JOHN'S  
DEPARTMENT OF COMMUNITY SERVICES



REAL PROGRAM APPLICATION

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The REAL program provides recreation and leisure opportunities to children and youth up to age 18 facing financial barriers to participation.

**Application deadlines: Summer: April 17 Fall: July 17 Winter/Spring: November 17**

**Guidelines to Apply**

1. Proof of residency must be provided to qualify for the REAL Program (**must be a St. John's resident**). Please provide a document that matches the address on the application.
2. Proof of income for family required to determine eligibility. Notice of Assessment preferred (line 150). Contact REAL Program for other acceptable statements of income.
3. Applications are accepted seasonally and are processed in accordance to the deadline dates noted above.
4. Children/youth can access one activity each season. Separate application for each child and each season required. Applications are not held over from one season to the next.
5. This is a service for children/youth currently NOT participating in paid or funded recreation programs.
6. Resources and placements are limited and often in demand. If a child is placed in an activity, attendance is required. If the child/youth cannot attend or participate, the parent/guardian must contact the REAL Program.
7. If transportation or equipment is required, contact must be made with the REAL Program as soon as possible.
8. If there are any days/times not suitable (that do not work) please include on the application.

**Here's what to do:**

1. Complete application **in full** identifying the activity of interest.
2. Attach proof of residency & proof of income.
3. **Sign** the Authorization.
4. Email, mail or drop off application.
5. Applications that have questions or require assistance in completing this application contact 576-8684/4556 or email [real@stjohns.ca](mailto:real@stjohns.ca)

Drop off Locations: Access St. John's, City Hall (10 New Gower Street)  
HGR Mews Community Centre (40 Mundy Pond Road)  
Paul Reynolds Community Centre (35 Carrick Drive)  
REAL Program (1 Crosbie Place)

Mailing Address: REAL Program  
City of St. John's  
Division of Recreation  
P.O Box 908  
St. John's, NL A1C 5M2



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 Season: 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: M  F  X  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 (list days/times that are not suitable)

**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 Assessment (NOA) for all adults living in your home. To obtain you 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	_____	_____

**ST. JOHN'S**

NEWFOUNDLAND AND LABRADOR, CANADA

<b>CS- REAL Program Application</b>	<b>Community Services</b>				
Authorization (Form MUST be signed to be processed)		<b>SECTION 5</b>			
<p>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.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>					
Privacy Notice		<b>SECTION 6</b>			
<p>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 &amp; Leisure Services at 576-8020 or email <a href="mailto:real@stjohns.ca">real@stjohns.ca</a></p>					
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Please return completed forms to:</b></td> <td style="width: 35%;">City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2</td> <td style="width: 35%;"><b>For further information:</b> Phone: (709)576-8684/4556 Email: <a href="mailto:real@stjohns.ca">real@stjohns.ca</a> Fax: (709) 576-2308</td> </tr> </table>			<b>Please return completed forms to:</b>	City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2	<b>For further information:</b> Phone: (709)576-8684/4556 Email: <a href="mailto:real@stjohns.ca">real@stjohns.ca</a> Fax: (709) 576-2308
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