

## REAL Program Application

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### REAL Vision

To provide opportunity for children and youth facing financial barriers to participate in recreation, music, dance, art, sports, leadership, and learning programs.

### Application Deadlines (Applications are only valid for one season)

Summer: April 17

Fall: July 17

Winter/Spring: November 17

### Guidelines to Apply:

1. Proof of residency (must be a St. John's resident) and proof of income (Notice of Assessment- Line 15000 preferred) are required to qualify for the REAL Program. Contact REAL Program for other acceptable statements of income.
2. Applications are accepted seasonally and are processed in accordance with deadline dates noted above. **Late applications will not be accepted.**
3. Children/youth can access one (1) activity each season (Fall, Winter/Spring, and Summer). Separate application for each child and each season required. Applications are not held over from one season to the next.
4. This is a service for children, youth NOT participating in paid or funded recreation programs.
5. 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.
6. If transportation or equipment is required, contact must be made with the REAL Program as soon as possible.
7. 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. Parent/guardian must sign the authorization.
3. Attach proof of residency and proof of income.
4. Email, mail or drop off application.
5. If you require assistance please call 709-576-8684/4556 or email [real@stjohns.ca](mailto:real@stjohns.ca)

### Drop Off Location:

HGR Mews Community Centre, 60 Blackler Avenue  
Paul Reynolds Community Centre, 35 Carrick Drive  
Access St. John's, 10 New Gower Street

### Mailing Address:

City of St. John's, REAL Program  
P.O Box 908  
St. John's, NL A1C 5M2

	<b>CS – REAL Program Application</b>	<b>Community Services</b>
	<b>REAL Program Application</b>	

<b>Application Season and Deadline Dates (one program per child, per season)</b>	<b>SECTION 1</b>
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<b>Deadline Dates:</b>	<b>April 17</b>	<b>July 17</b>	<b>November 17</b>
Select Season	Summer	Fall	Winter/Spring

<b>General Information</b>	<b>SECTION 2</b>
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First Name of Child \_\_\_\_\_ Last Name of Child \_\_\_\_\_  
 Gender:      Male      Female      X      Birth Date (YYYY-MM-DD) \_\_\_\_\_  
 School \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ St. John's, NL Postal Code \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Relation 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 \_\_\_\_\_  
 Additional information (Allergies, disabilities or behavioural issues) \_\_\_\_\_

<b>Program/Activity Preference</b>	<b>SECTION 3</b>
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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 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 your account: <https://www.canada.ca/en/revenue-agency.html>

Please list ALL persons in your household.

Parent/Guardian Name \_\_\_\_\_ Income (if applicable) \$ \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Income (if applicable) \$ \_\_\_\_\_

Please list ALL child(ren) in your household below:

Name of Child	Birthdate	School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Parent/Guardian Authorization (REQUIRED)

**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 Healthy City and Inclusion at [real@stjohns.ca](mailto:real@stjohns.ca).

Please send completed form to:

City of St. John’s, REAL Program  
P.O. Box 908, 10 New Gower Street  
St. John’s, NL A1C 5M2

For further information:  
Phone: 709-576-8684/4556  
Email: [real@stjohns.ca](mailto:real@stjohns.ca)

Drop off:

HGR Mews Community Centre  
60 Blackler Avenue



NEWFOUNDLAND AND LABRADOR, CANADA