

Application



GUIDELINES

- Physical activity and social interaction are important to the healthy development of our children. Our goal is to provide assistance to children who cannot afford to take part in organized and recreational sports in partnership with Jumpstart, MyRap, and the Greater Moncton YMCA.

IT'S EASY

- 1** Show an interest in a program.
- 2** Fill out an application form.
- 3** Wait for approval.
- 4** Once approved, register with the organization.

HOW IT WORKS

- The program is for children and youth between 4 and 18 years of age.
- The program is open for residents in southeastern New Brunswick.
- Applications will be approved only as long as guidelines are met and funding is still available.
- Funding will be provided directly to the organization (not to the parent/guardian).

1. APPLICANT INFORMATION

Name of Child / Youth _____ Birthdate _____

Name of Parent/Guardian _____

Address _____ Postal Code _____

Telephone (Day) _____ (Evening) _____

2. PROGRAM INFORMATION

1st Choice

Activity or Sport:

Organization offering this activity:

Program Dates

From: _____

To: _____

Cost: \$ _____

3. THIS FORM HAS BEEN COMPLETED BY:

Name _____ Telephone _____

4. REFERENCE

Please provide a reference that is familiar with your situation and who can verify that you require assistance. This person should be an adult who knows the child, is NOT the parent/guardian and who is active in community activities. (Example: Teacher, Coach, Clergy, Social Worker, Group Leader, etc., NOT a family member.)

Name of Reference _____ Tel. (day) _____

Address _____ Tel. (evening) _____

I, _____, authorize the above reference to release personal information as required for program placement. I further authorize Greater Moncton YMCA to collect this information. My signature also verifies that financial assistance is required from Greater Moncton YMCA in order for my child to participate. In addition, I assume full responsibility for the supervision of my child while participating in activities.

Signature _____ Date _____

5. COMMENTS

Please mail or drop off this completed form to:

Greater Moncton YMCA
30 War Veterans Ave.
Moncton, NB
E1C 0B3

FOR OFFICE USE ONLY

Date Received _____

Reference Contacted: YES NO

Approved: YES NO Amount: \$ _____

What program was funding received from: MyRap Jumpstart YMCA