Application for Reduced Program Fee

Name of Participant _____ Age _____

Parent/Guardian Name _____

Address _____ Home or cell Phone _____

Employer(s) Name _____ Work Phone _____

Name _____ Work Phone _____

Extenuating Circumstances?
_____ Unemployment _____ Extensive Hospital Bills _____Other _____
(please explain)

Requested Recreation Program(s): *List Priorities* *Session* *Cost*

1. _____ _____ _____

2. _____ _____ _____

3. _____ _____ _____

Applicant's (Parent or Guardian) *Current Monthly Income* $ _____

Applicant's *Current Annual Gross Income* as reported on income tax return form $_____

Please Note: any other **earned or unearned income** such as child support, alimony, reserve pay, retirement, food stamps, Public Aid, AFDC payments, etc. (*attach Public Aid form)*

Other income source and amount _____

Other income source and amount _____

Number of individuals residing at above address: Adults _____ Children _____

*** Submit with your application Proof of Residency, Proof of Income, a completed Program Registration Form, and a 25% deposit. ($70 deposit if Day Camp is one of the programs).**

I certify that all of the above information is true and correct and that all income is reported. Bloomington Parks and Recreation Department staff may verify the information.

_____ _____
Signature of Parent Date

Office Use Only Amount Waived _____

Registered date _____ Amount owed to department _____

Actual Program fee _____ Date paid _____