

Application



Physical activity and social interaction are important to the healthy development of our children. The Moncton Youth recreation assistance program (My Rap) provides assistance to children who cannot afford to take part in organized and recreational sports in partnership with Jumpstart 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.

PRIVACY STATEMENT

As a charitable, community-based association, the Greater Moncton YMCA is committed to protecting your right to privacy. The personal information you share with us is only used to better serve the needs of all YMCA members and participants.

HOW IT WORKS

- The program is for children and youth between 4 and 18 years of age.
- The program is open to residents in southeastern New Brunswick.
- Applications will be approved only as long as criteria 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 _____ Sex: M F Birth date ____/____/____
YEAR MONTH DAY

Name of Parent / Guardian _____

Address _____ Postal Code _____

Telephone (Day) _____ (Evening) _____ Email: _____

Family Type: Single-Parent Family Dual-Parent Family

Number of children in the family:

Annual Household income (Please check one)

- Less than \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- Over \$60,000

Will the child be registered in another recreation program during this time? No Yes

If yes, please give a brief explanation:

2. PROGRAM INFORMATION

Activity or Sport: _____

Organization offering this activity: _____

Program Dates From: / / To: / /
YEAR MONTH DAY YEAR MONTH DAY

Cost: \$ _____

3. THIS FORM HAS BEEN COMPLETED BY:

Name _____ Telephone () _____ - _____

Relationship to the child/youth _____

4. REFERENCE

Please provide a reference who 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 is active in the community. (Example: Teacher, Coach, Clergy, Social Worker, Group Leader, etc., NOT a family member.)

Name of reference _____ Address _____

Tel. (day) _____

Tel. (evening) _____

Email _____

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 completed form to:
Greater Moncton YMCA
30 War Veterans Avenue
Moncton, NB
E1C 0B3

FOR OFFICE USE ONLY

Date Received: _____

Reference Contacted: YES NO

Approved: YES NO

Amount: \$ _____

Funding received from:

MyRap Jumpstart YMCA