



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): <i>List Priorities</i>	<i>Session</i>	<i>Cost</i>
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 50% deposit. (\$99 deposit if Day Camp or Sports 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 _____