



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. (\$89.25 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 _____