

The R.E.A.L. Program and Canadian Tire Jumpstart Program

Working together to provide recreation and leisure opportunities to children and youth in financial need.

R.E.A.L. Purpose

The R.E.A.L. Program provides recreation and leisure opportunities through the provision of program and financial assistance to as many children and youth as possible who, due to financial circumstances, are unable to participate in registered activities.

The R.E.A.L. Program is a service that matches children and youth up to the age of 18 with organized, registered recreational activities of their choice. Activity areas include the arts, recreation and sport.

R.E.A.L. Vision

That all children and youth in the City of St. John's are able to participate in recreation and leisure activities which help boost their self-esteem, promote healthy active living and support personal growth through increased knowledge and skill development.

Seasonal Applications

Applications are considered one season ahead in order to ensure that the request can be processed prior to the program start date. A Reference must be provided on each application. An application will not be held over from one season to the next if the child is not initially placed.

Season	Deadline Date
Summer	April 17
Fall	July 17
Winter/Spring	November 17

(Incomplete forms will be returned to the applicant)

R.E.A.L. Program Information

1. Applications will only be processed in accordance to the deadline dates.
2. Children/youth can access one activity each season.
3. This is a service for children/youth currently not participating in paid or funded recreation programs.
4. The parent/guardian is responsible for ensuring that the child attends the program.
5. If transportation or equipment is an issue, contact must be made with the R.E.A.L. Program as soon as possible.
6. If the child/youth can no longer participate, the parent/guardian must contact the R.E.A.L. program.
7. This Service is offered to City of St. John's residents only. Proof of residency must be provided to qualify for the R.E.A.L. program. This can be in the form of a Driver's License or a Utility Bill.

It's R.E.A.L. Easy as 1, 2, 3

1. **Choose an activity of interest.**
2. **Complete application form on back.**
3. **Mail to:**

R.E.A.L. Program
City of St. John's
Department of Community Services
P.O. Box 908
St. John's, NL A1C 5M2

Or Drop Off: (3 locations)

- H.G.R. Mews Community Centre
40 Mundy Pond Road
- Wedgewood Park Recreation Centre
47 Gleneyre Street
- Department of Recreation Offices
Crosbie Building 1 Crosbie Place
Or Fax: 576-2308



R.E.A.L. Program Application Form

for children and youth
up to age 18

For more information on the
R.E.A.L. Program
576-8684 or 576-4556

real@stjohns.ca

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For more information: (709) 576-4556 /8684 or e-mail real@stjohns.ca
Application Deadlines: Summer April 17, Fall July 17, Winter/Spring Nov.17

For office Use Only
 Date received

APPLICANT INFORMATION (Please Print) Resident Non-Resident

First Name of Child		Last Name of Child		Proof of Residency Provided <input type="checkbox"/> YES <input type="checkbox"/> NO	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Age	Birth Date (yyyy-mm/dd)		Season (one program per child, per season) Please Circle Winter/Spring Summer Fall	
Address (MUST BE A RESIDENT OF ST. JOHN'S, NL TO QUALIFY)				Apt#	Postal Code
Contact Name of Parent or Guardian					Relationship to Child
Home Phone		Work Phone		Other	Email Address
School Attending:			Has this child been placed in a program through the R.E.A.L. Program in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will this child be registered in another paid/sponsored activity? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please describe activity:					
Do you have access to a vehicle/car? <input type="checkbox"/> YES <input type="checkbox"/> NO		Equipment Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		MCP #: (Optional)	
Emergency Contact:		Relationship to Child:		Telephone:	
Are there other siblings participating in or applying to the R.E.A.L. Program? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Name:			Activity:		
Please list any additional information (allergies, asthma, disabilities or behavioral issues), which may impact the ability to participant in any program:					

PROGRAM PREFERENCE: Please list in order of preference the type of program the participant is interested in:
 (Please note days/times that are not suitable)

- _____
- _____
- _____

REFERENCE: Please provide the name of a reference that is familiar with your financial situation and who can verify that you require financial assistance from the R.E.A.L. Program (i.e. Social Worker, Clergy, Group Leader, Teacher)

A REFERENCE CANNOT BE A FAMILY MEMBER, FRIEND, NEIGHBOUR, RELATIVE OR R.E.A.L. PROGRAM PARTNER

Name of Reference		Agency
Has the reference been informed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What connection does this reference have with this child/family?		
Mailing Address		
Work Phone	Fax	Email Address

AUTHORIZATION

I authorize the above reference to release personal information, to the R.E.A.L./Canadian Tire Jumpstart Program staff as required for the program placement. I further authorize the R.E.A.L. Program/Canadian Tire Jumpstart to collect and release this information for administrative purposes. Information will be kept confidential. My signature also verifies that financial assistance is required from the R.E.A.L./Canadian Tire Jumpstart Program in order for my child to participate. I assume full responsibility for the supervision of my child while in a program.

Signature: _____ Date: _____