

# Bloomington Parks and Recreation Department Application for Reduced Program Fee

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer(s) Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Extenuating Circumstances?

\_\_\_\_\_ Unemployment \_\_\_\_\_ Extensive Hospital Bills \_\_\_\_\_ Other \_\_\_\_\_  
*(please explain)*

Requested Recreation Program(s): <i>List Priorities</i>	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 one letter of reference from a school, social agency, etc.,  
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/Guardian

\_\_\_\_\_  
Date

**Office Use Only** Amount Waived \_\_\_\_\_

Registered date \_\_\_\_\_ Amount owed to department \_\_\_\_\_

Actual Program fee \_\_\_\_\_ Date paid \_\_\_\_\_