

The R.E.A.L. 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. Proof of Income 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.
8. Proof of income for family required. Notice of Assessment preferred (line 150). Contact R.E.A.L Program for other acceptable statements of income.

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
Recreation Division
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
- Paul Reynolds Community Centre
35 Carrick Drive
- Recreation Division Offices
Crosbie Building- 1 Crosbie Place
Or Fax: 576-2308



R.E.A.L. Program Application Form

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



R.E.A.L. Program Application
 For more information: 576-4556 / 8684 or email real@stjohns.ca

For Office Use Only
Date Received

Application Deadlines:
 Summer: April 17 Fall: July 17 Winter/Spring: Nov.17

APPLICANT INFORMATION (Please Print)

Resident Non-Resident

First Name of Child		Last Name of Child			Proof of Residency Provided YES NO	
Gender M F	Age	Birth Date (yyyy/mm/dd)	Season (one program per child, per season) Winter/Spring Summer Fall			
Address (Must be a resident of St. John's, NL to qualify)				Apartment #	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? YES NO		
Will this child be registered in another paid/sponsored activity? YES NO If Yes, please describe activity:						
Do you own a vehicle/car? YES NO		Equipment Required: YES NO		MCP #:(Optional)		
Second Contact:			Relationship to Child:		Telephone:	
Please list any additional information (allergies, asthma, disabilities or behavioural issues), which may impact the ability of the 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)						
• _____						
• _____						
• _____						



PROOF OF INCOME Please attach Canada Revenue Agency Notice of Assessments(NOAs) for all adults living in your home. To obtain your most recent NOA call: 1-800-959-8281 or log into my account <http://www.cra-arc.gc.ca/myaccount>.

Household Occupants: Please list all persons in the household. Use extra paper if necessary.				
Occupant	Name	Birthdate	Age	School
Adult 1		N/A	N/A	N/A
Adult 2		N/A	N/A	N/A
Child 1				
Child 2				
Child 3				
Please report all income for your household				
1		Adult 1: Line 150 of your Canada Revenue Notice of Assessment		
2		Adult 2: Line 150 of your Canada Revenue Notice of Assessment		

****AUTHORIZATION** (form *MUST* be signed to be processed)

I authorize the R.E.A.L. Program to collect and release the necessary information (excluding financial information) for administrative purposes. My signature also verifies that financial assistance is required from the R.E.A.L in order for my child to participate. I assume full responsibility for the supervision of my child while in a program. (Updated January, 2018)

Signature: _____ **Date:** _____