



BERNALILLO COUNTY PARKS & RECREATION APPLICATION FOR FREE OR REDUCED FEE(S)



Community Center _____

Programs applying for (✓ ALL THAT APPLY): Before School _____ After School _____ Summer _____ Parky's Pals _____

APPLICANT, PLEASE COMPLETE IN FULL - THIS FRONT PAGE ONLY

Please Note: A non-refundable Registration Fee of \$15 for the first child and \$10 for each subsequent child is due at the time of enrollment.

PARENT/LEGAL GUARDIAN INFORMATION:

NAME OF PARENT: _____ HOME #: _____
 EMAIL ADDRESS: _____ CELL #: _____
 Physical Address: _____ City/State/Zip _____
 Last Four SS #: _____ Verified: _____ Please ✓ if applicable: I am not the natural parent, but can prove legal guardianship: _____

NAME OF PARENT: _____ HOME #: _____
 EMAIL ADDRESS: _____ CELL #: _____
 Physical Address: _____ City/State/Zip _____
 Last Four SS #: _____ Verified: _____ Please ✓ if applicable: I am not the natural parent, but can prove legal guardianship: _____

HOUSEHOLD STATUS: (PLEASE ✓) SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____

Please note: If legally married, yet separated, please provide proof of separate residences (ex: court document, utility bill, etc.)

PLEASE LIST ALL HOUSEHOLD MEMBERS HERE:

NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
 NAME (First, MI, Last): _____
 AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____

STAFF USE ONLY

SS Verified _____
 BC. VERIFIED _____
 SS Verified _____
 BC VERIFIED _____

All Current Household Income Sources (check all that apply): Employment _____ SNAP _____ TANF _____ SSI _____

Other: _____ (Specify) GROSS MONTHLY INCOME: \$ _____ HOUSEHOLD SIZE: _____

In signing this application below, I certify that all of the above information is true and correct to the best of my knowledge, and that all household income is being disclosed here. I understand that the information on this application will be used solely for the determination of the Free or Reduced Fee for Bernalillo County's Parks & Recreation Programs. (I also understand that proof of income must be supplied with this application.)

Parent/Legal Guardian Signature _____

Today's Date _____

TO BE COMPLETED BY STAFF ONLY:

PROGRAM(S) BEING APPLIED FOR					
Participant(s) First Names or Initials:	PROGRAM NAME	DURATION	BASIC COST	# OF PARTICIPANTS	COST (Per Line)
	BEFORE SCHOOL	YEARLY	\$212.00		
		QUARTERLY	\$64.00		
	(VGCC only)	TRIMESTER	\$85.00		
	AFTER SCHOOL	YEARLY	\$312.00		
		QUARTERLY	\$98.00		
	(VGCC only)	TRIMESTER	\$131.00		
	PARKY'S PALS	32 WEEKS	\$230.00		
		4 WEEKS	\$36.00		
	SUMMER PROGRAM	7 WEEKS	\$212.00		
	YBL SPORTS	SUMMER	\$100.00		
		FALL/WINTER	\$100.00		

TOTAL COST OF PROGRAMS: \$ _____

TOTAL COST TO APPLICANT: \$ _____

Check One: Reduced (50% Off) ___
Free ___

TOTAL COST TO COUNTY: \$ _____

RecCenter RECEIPT NO(S)

GRAND TOTAL: \$ _____

PRE-APPROVED FOR: FREE: ___ REDUCED: ___ DOES NOT QUALIFY: ___

IF APPLICANT RECEIVES SNAP OR TANF, *WRITE-IN END DATE FOR CERTIFICATION*: _____

IF APPROVAL IS BASED ON EARNINGS, INCLUDE: FAMILY SIZE ___ MONTHLY INCOME: \$ _____

PROCESSOR'S NAME: _____ SIGNATURE: _____ DATE: _____

CENTER/SECTION MGR.'S SIGNATURE: _____ DATE: _____

F & R AUDITOR COMPLETES:

APPROVED FOR: FREE: ___ REDUCED: ___ DOES NOT QUALIFY: ___

EXPLANATION (IF DENIED): _____

Center: _____
Sheet: _____ Quarter: _____

See Attached: _____

AUDITOR'S NAME: Ruth Smith SIGNATURE: _____ DATE: _____

DEPARTMENT DIRECTOR'S SIGNATURE: _____ DATE: _____