



# BERNALILLO COUNTY PARKS & RECREATION APPLICATION FOR REDUCED RATE REGISTRATION



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): \_\_\_\_\_  
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 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 Reduced Rate Registration 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:**

<b>PROGRAMS AND COSTS</b>					
PARTICIPANT(S)' FIRST NAMES <small>(Please separate names w/ commas)</small>	PROGRAM NAME	DURATION	COST Per Individual	Number Of Children	COST PER LINE
	BEFORE SCHOOL	YEARLY	\$ 260.00		\$
		QUARTERLY	\$ 80.00		\$
	(VGCC ONLY)	TRIMESTER	\$ 105.00		\$
	AFTER SCHOOL	YEARLY	\$ 385.00		\$
		QUARTERLY	\$ 120.00		\$
	(VGCC ONLY)	TRIMESTER	\$ 160.00		\$
	PARKY'S PALS	32 WEEKS	\$ 285.00		\$
		4 WEEKS	\$ 45.00		\$
	SUMMER PROGRAM	7 WEEKS	\$ 260.00		\$
<b>PRE-APPROVED FOR: (CHECK ONE)</b> REDUCED (50% OFF) <input type="checkbox"/>			RecCenter Receipt #'s <input style="width: 100%; height: 40px;" type="text"/>	<b>GRAND TOTAL: \$</b> <input style="width: 100px;" type="text"/>	
			<b>TOTAL COST TO APPLICANT: \$</b> <input style="width: 100px;" type="text"/>		
			<b>TOTAL COST TO COUNTY: \$</b> <input style="width: 100px;" type="text"/>		

Circle One: (or both, if applicable) SNAP / TANF · **WRITE-IN END DATE FOR CERTIFICATION:** \_\_\_\_\_

IF APPROVAL IS BASED ON EARNINGS, INCLUDE: FAMILY SIZE \_\_\_\_\_ MONTHLY INCOME: \$ \_\_\_\_\_ (Check if appl.) SSI: \_\_ SS: \_\_\_\_\_

PROCESSOR'S (Printed) NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CENTER/SECTION MGR.'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**F & R AUDITOR COMPLETES:**

Center: \_\_\_\_\_  
Sheet: \_\_\_\_\_ Quarter: \_\_\_\_\_

APPROVED FOR: \_\_\_\_\_ REDUCED RATE: \_\_\_\_ DOES NOT QUALIFY: \_\_\_\_

EXPLANATION (IF DENIED): \_\_\_\_\_ See Attached: \_\_\_\_\_

AUDITOR'S NAME: **RUTH SMITH** rsmith@bernco.gov 314-0410 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT DIRECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_