

## HEAD OF HOUSEHOLD/ADULT

<input type="text"/>	<input type="text"/>
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FIRST NAME

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH

RACE

GENDER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ADDRESS

CITY

STATE

ZIP CODE

<input type="text"/>	<input type="text"/>
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PHONE NUMBER

EMAIL ADDRESS

Do you have an existing RecPark Family Account?

YES  NO 

<input type="checkbox"/>	HOPESF, Public Housing, RV or SRO	<input type="checkbox"/>	Experiencing Homelessness
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LANGUAGE SPOKEN AT HOME

<input type="checkbox"/>	Children in Foster Care System	<input type="checkbox"/>	Low-Income Family
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\$   
ANNUAL HOUSEHOLD INCOME

## Income Verification Release

HSA Income Verification Database: I give permission to HSA to share limited income information with SFRPD to help determine whether I may qualify for a scholarship. My information shall be shared only as needed for those purposes. I understand that this database can only show my name, my address, and whether my household income falls within certain percentages of federal poverty guidelines based on information I have previously provided to HSA. This release of information expires one year from the date I sign below, unless I cancel it in writing before then.

<input type="text"/>	<input type="text"/>	XXX-XX-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SIGNATURE

DATE

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

## FAMILY MEMBER #2

<input type="text"/>	<input type="text"/>
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FIRST NAME

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH

RACE

GENDER

## FAMILY MEMBER #3

<input type="text"/>	<input type="text"/>
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FIRST NAME

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH

RACE

GENDER

## FAMILY MEMBER #4

<input type="text"/>	<input type="text"/>
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FIRST NAME

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH

RACE

GENDER

## FAMILY MEMBER #5

<input type="text"/>	<input type="text"/>
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FIRST NAME

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH

RACE

GENDER

# Thank you!

Your application for financial assistance for recreation programs will be processed within one week. Our financial assistance coordinator will then contact you with additional information.

As a reminder, our program registration is seasonal.

Registration for Fall programs occurs in August.

Registration for Winter programs occurs in December.

Registration for Spring and Summer Day Camps occurs in March.

Registration for Summer Programs (other than camps) occurs in May.

View our program offerings at

[sfrecpark.org](http://sfrecpark.org)

