



Youth Programs Discount Form



Dear Parent/Guardian:

Thank you for registering a participant in a Brevard County Parks and Recreation Youth Program or Camp. We have great adventures planned for participants to have fun, learn, grow and play.

If you wish to apply for a youth program or camp discount, please see the requirements below. Upon verification of eligibility, the youth program or camp discount will be valid for one (1) year from the start of summer camp for all Brevard County sponsored youth programs and camps.

Discounts are available based on residency in a Neighborhood Strategy Area (NSA) or finances. Discounts may not exceed 75% of youth program or camp cost. In order to determine eligibility for the discount, you must provide the information listed below. If documentation is incomplete, your discount cannot be verified.

- Residents of identified neighborhood strategy areas shall receive a 50% reduction to department sponsored program fees for facilities located within neighborhood strategy areas in which they reside.
- For Residency Discount (50%), you must attach a copy of your Florida Driver's License (DL) with address. If you are unable to furnish DL with current address, submit two (2) Brevard County address verifications (utility bill, lease, letter from landlord, etc.)
- Financial Assistance for Free/Reduced Lunch Discount (25%), you must attach the Direct Certification Notification Letter of Free/Reduced lunch from the Brevard County School Board or a copy of the participant's report card. Only one financial assistance may be given.
- Financial Assistance for Food Stamp/Cash Assistance (50%), you must attach most recent eligibility documentation for the Florida Department of Children and Families indicating the participant is currently eligible to receive one of the benefits listed. Only one financial assistance may be given.

Name of Participant(s): _____

Address of Participant(s): _____

Are you applying for a residency discount? Yes No

Are you applying for a financial discount? Yes No

I attest that I have read the above carefully and state that my attestation here is true and correct.

Parent/Guardian Name: _____ Signature: _____

-----Office Use Only-----

50% Residency Discount: Approved Not Approved

25% Free/Reduced Lunch Financial Discount: Approved Not Approved

50% Food Stamp/Cash Assistance Financial Discount: Approved Not Approved

Recreation Program Coordinator Signature

Date

Audit Performed
_____ Signature & Date