

Project RIDE Application

DATE _____

PARENT/LEGAL GUARDIAN NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

E-MAIL _____

CREDIT CARD: MASTERCARD VISA

NUMBER _____

EXP. DATE _____

PLEASE NOTE: YOUR CREDIT CARD WILL BE CHARGED AN INITIAL SET-UP FEE OF \$25. THEREAFTER, YOUR CREDIT CARD WILL BE CHARGED AN ANNUAL "CLUB RIDE" MEMBERSHIP FEE OF \$24 UNTIL THE TRICYCLE IS RETURNED OR PURCHASED.

OUR FAMILY INCOME IS: ABOVE \$85,000 BELOW \$85,000 **INCOME ELIGIBILITY GUIDELINES APPLY.**

NAME OF CHILD _____

BIRTH DATE _____ AGE _____

GENDER: MALE FEMALE HEIGHT _____ WEIGHT _____

AGES OF OTHER CHILDREN _____

DO YOU HAVE LEGAL CUSTODY OF THE CHILD? YES NO

CHILD'S SCHOOL _____

REFERRED BY _____

CHILD'S DISABILITY/SPECIAL NEEDS _____

DO YOU OR OTHER MEMBERS OF YOUR FAMILY HAVE A BICYCLE? YES NO

DO YOU HAVE A SAFE PLACE TO STORE YOUR BICYCLE? YES NO

DO YOU HAVE A SAFE PLACE TO RIDE THE TRICYCLE NEAR YOUR RESIDENCE? YES NO

IF YES, WHERE? _____

WHO IS RESPONSIBLE FOR ACCOMPANYING YOUR CHILD ON BIKE RIDES:

NAME: _____

WHO IS RESPONSIBLE FOR MAKING SURE YOUR CHILD ATTEND THE REQUIRED TRICYCLE FITTINGS:

NAME: _____

PLEASE LIST YOUR CHILD'S RECREATIONAL ACTIVITIES: _____



Please return this application to:
Project RIDE, Springfield Jewish Community Center
1160 Dickinson Street, Springfield, MA 01108