

SUBSIDY PROGRAM REGISTRATION FORM

Complete the form below and submit your application to info@kristenfrenchcacn.org including all applicable/required documentation.

APPLICANT INFORMATION

Applicant's Last Name:	Applicant's First Name:
Phone (primary contact):	Email:
Address:	
Fill this section in if you have a spouse, partner or a common-law partner.	
Applicant 2 Last Name:	Applicant 2 First Name:
Phone (primary contact):	Email:

CAMPER(S)

Camper Last Name:	Camper First Name:	Date of Birth: mm/dd/yyyy
Camper Last Name:	Camper First Name:	Date of Birth: mm/dd/yyyy
Camper Last Name:	Camper First Name:	Date of Birth: mm/dd/yyyy
Camper Last Name:	Camper First Name:	Date of Birth: mm/dd/yyyy

HOUSEHOLD INCOME

Applicant 1 Total Income:	Sources of Income: (select all that apply) <input type="checkbox"/> Earnings <input type="checkbox"/> OW <input type="checkbox"/> EI <input type="checkbox"/> ODSP <input type="checkbox"/> CPP <input type="checkbox"/> Other: _____
Applicant 2 Total Income: (if applicable)	Sources of Income: (select all that apply) <input type="checkbox"/> Earnings <input type="checkbox"/> OW <input type="checkbox"/> EI <input type="checkbox"/> ODSP <input type="checkbox"/> CPP

By submitting this application I confirm that all the information on this application is true and to the best of my/our knowledge and belief. I/we will inform the Kristen French Child Advocacy Centre immediately if there are changes in my/our circumstances. I confirm that I have read and understood program eligibility, benefits, definitions, and exclusions as outlined at kristenfrenchcacn.org/for-youth/summer-camp/.

I have included:

- ☐ Applicant's 2023 Notice of Assessment OR proof of current financial earnings (pay stub, deposit slip)
- ☐ Applicant 2's 2023 Notice of Assessment OR proof of current financial earnings (pay stub, deposit slip) – if applicable

Applicant Signature: _____ Date: _____