



Assisted Day Camp Application for Funding

PLEASE NOTE: FILL OUT ENTIRE FORM EXCEPT FOR THOSE AREAS INDICATED

Please indicate your camp/location of choice

- Downtown Daycamp Elkwater
 South Ridge Daycamp Kindercamp SR

Marital Status: <i>Please Circle to which applies to you:</i>				
Single	Married	Common Law	Divorced	Widowed
Applicant's Name: Last Name Middle Name First Name				
Applicant's Relationship to Child:				
Co-Applicant's Name: Last Name Middle Name First Name				
Residence Address:		Street/PO Box#		
City/Town	Province	Postal Code	Home Phone	
Applicants Place of Employment			Phone Number	
Co-Applicants Place of Employment			Phone Number	

Names of Children registering for Day Camp:

<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>	<i>Age</i>	<i>Birth Date</i>
<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>	<i>Age</i>	<i>Birth Date</i>
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Income

Applicants Income	Co Applicants Income
Line From Notice of Assessment:	Line From Notice of Assessment:
Total Annual Income:	
Monthly Employment Income:	Monthly Employment Income:
Child Tax Credit:	Child Tax Credit:
Child Support:	Child Support:
Spousal Support:	Spousal Support:
AISH	AISH
TIPS	TIPS
EI	EI
Self-Employment Income	Self-Employment Income
Total Monthly Household Income:	

Monthly Household Expenses

EXPENSES	AMOUNT
Rent/Mortgage	
Insurance	
Utilities	
Phone	
Internet/Cable	
Groceries	
Gas	
Loans	
Transportation	
Child Care	
Credit Card	

OFFICE USE:

Parent Portion Per Week	YMCA Portion Per Week
<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> EMC \$ _____ Number of Weeks: _____ Weeks: _____ Month/Year: _____	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> EMC \$ _____ Number of Weeks: _____ Weeks: _____ Month/Year: _____

