



Step 1: Player's/Child's Information

Child's Last Name: _____ First Name: _____

Gender: _____ Age: _____ Date of Birth: YY _____ MM _____ DD _____

Home Address: _____ Postal Code: _____

Program Applying for: _____ Level of Play: _____

Step 2: Parent/ Guardian Information

Last Name: _____ First Name: _____

Relationship to Child: _____ Number of Dependent(s) 18 & Under in Family: _____

Email Address: _____ Telephone: _____ Cell: _____

Please Check One: Single Parent Married Common-Law (If married or common-law, please include both partner's income).

Do any of the following apply to your family? Social Assistance Foster Parent Newcomer to Canada

Household Annual Income: Partner 1: _____ Partner 2: _____ Total Household Income: _____

Subsidy Funding Request: _____ (Less ineligible costs) MAKE SURE TO FILL THIS IN

*Signature of Parent/Guardian: _____ Date: _____

Step 3: Community Centre Information

Community Centre Hosting Program: _____ Home Centre (if different): _____

Please circle the Income Cut-Off this application

Check	Family Size	Maximum Annual Gross Income
	2	\$ 33,141
	3	\$ 40,743
	4	\$ 49,467
	5	\$ 56,105
	6	\$ 63,276
	7+	\$ 70,449

Confirm Official Proof of Total Income Provided, please ensure all partners income is included, please check all boxes that apply:

- Canada Customs & Revenue Agency Notice of Assessment (NOA) identifying annual net income of all partners.
- Copy of documentation showing your landing date in Canada and UCI number.
- Copy of Monthly statement of income from CPP Disability (Including the income verification of all partners).
- Proof of Social Assistance budget letter.
- Proof of Foster Parent Status.

Approval: Community Centre Executive Signature Required

As an Executive member (President, VP, Secretary or Treasurer) of the Community Centre hosting this program, we approve the requested funding on behalf of the child named above, whose need is consistent with the Program Registrations Fee Subsidy guidelines.

*Signature Executive: _____ Position: _____ Date: _____

*Signature Registrar _____ Position: _____ Date: _____