



APPLICATION FORM

To be completed by Parent or Guardian
Please fill out one application per child
Child must be between the ages of 5 -18

Name of Child: _____ Age: _____

Address: _____ Phone #: _____

City: _____ Postal Code: _____

Name of Parent(s) or Guardian(s): _____

**Jump Start sends its payment directly to the service provider.
Every detail of the following information about the organization must be completed before we can process your application.**

Activity: _____

(The following information from the activity registration form)

Full name of Organization: _____

Address: _____ Postal Code: _____

Contact Person: _____ Phone #: _____

Starts: _____ Ends: _____

<u>Total Cost of Activity</u>	<u>Your Share of Cost</u>	<u>Other</u> (if a group or another person can help with the cost)
\$ _____	\$ _____	\$ _____

Jump Start may supply equipment, however, for our information:

What equipment will you need to purchase? _____

Cost of equipment: \$ _____

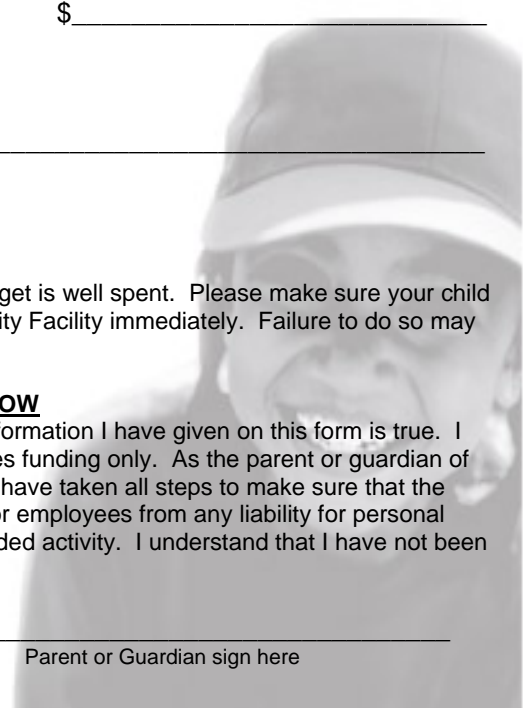
Because we are a nonprofit group, we are audited each year. It is important that the money we get is well spent. Please make sure your child attends the activity we have funded. If your child withdraws from this activity, please notify Activity Facility immediately. Failure to do so may result in our being unable to assist you in the next twelve months.

PLEASE READ THE FOLLOWING AND SIGN BELOW

I could not afford to have my child join the above activities without help from Jump Start. The information I have given on this form is true. I permit the screening organization to check this information, I understand that Jump Start provides funding only. As the parent or guardian of the child named above, I assume all risk involved in the activity in which the child participates. I have taken all steps to make sure that the activity in which my child participates is safe and suitable. I release Jump Start, its agents and/or employees from any liability for personal injury and property loss or damage that occurs while taking part in or traveling to or from the funded activity. I understand that I have not been approved for funding until I receive written approval in the mail.

Dated this _____ of _____, _____
Day Month Year

Parent or Guardian sign here



HOUSEHOLD MONTHLY INCOME

(If you are applying for more than one child, fill this section out once only)

TOTAL HOUSEHOLD NET INCOME (after taxes)

Wages from Employment.....\$ _____

Canada Child Tax Benefit.....\$ _____

Family Benefits/Ontario Works Program.....\$ _____

GST Rebate.....\$ _____

Child Support.....\$ _____

Employment Insurance.....\$ _____

Other (specify).....\$ _____

TOTAL \$ _____

YOUR MONTHLY EXPENSES

Household:

Rent.....\$ _____

Mortgage/Property Taxes.....\$ _____

Heat/Hydro.....\$ _____

Food.....\$ _____

Child Care.....\$ _____

Transportation:

Fuel Cost.....\$ _____

Car Payments.....\$ _____

Bus Fares.....\$ _____

Other Expenses:

Telephone.....\$ _____

Cable.....\$ _____

Loans, Credit Cards.....\$ _____

Insurance (House, Car, Life).....\$ _____

Other (specify).....\$ _____

TOTAL \$ _____

Please return application form for financial screening to your local Neighbourhood Centre, Kids Can Play, Early Years Centre, Local Food Bank or Big Brothers/Big Sisters to be considered for assistance. You will be contacted by phone or letter if successful.