



Boys and Girls Club of Kingston & Area
Childcare Fee Assistance Program
West End Location

1. Parent/Guardian Information

PARENT/GUARDIAN LAST NAME		FIRST		MIDDLE
<input type="checkbox"/> MALE	HOME PHONE ()		WORK PHONE ()	CELL PHONE ()
<input type="checkbox"/> FEMALE				
HOME ADDRESS		CITY/TOWN	POSTAL CODE	

2. Parent/Guardian Employment Information Check any that apply

I am currently employed or self-employed

PLACE OF EMPLOYMENT or NAME OF BUSINESS _____ START DATE (YYYY/MM/DD) END DATE if known (YYYY/MM/DD)

PHONE () _____

DAYS/WEEK _____ HOURS/DAY _____

MON TUE WED THU FRI SAT SUN From: _____ To: _____

Do you currently have a second job? No Yes Does your schedule vary? No Yes

Provide a typical work schedule: _____

I am currently attending an educational institution

NAME OF INSTITUTION (SCHOOL) _____ START DATE (YYYY/MM/DD) END DATE (YYYY/MM/DD)

NAME OF PROGRAM: _____

DAYS/WEEK _____ HOURS/DAY _____

MON TUE WED THU FRI SAT SUN From: _____ To: _____

I am currently not employed/I am looking for work

3. Parent/Guardian Marital Status

- I am single, separated, divorced or widowed- Go to section 6
- I am married or living in a marriage- like relationship, and my spouse/partner resides with me – complete sections 4 & 5 with your spouse’s information



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4. Spouse/Partner Information:

SPOUSE/PARTNERS LAST NAME		FIRST	MIDDLE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PRIMARY PHONE ()	WORK PHONE ()	CELL PHONE ()

5. Spouse/Partner Employment Information:

My spouse/partner is currently employed or self-employed

PLACE OF EMPLOYMENT or NAME OF BUSINESS _____ START DATE (YYYY/MM/DD) END DATE if known (YYYY/MM/DD)

PHONE () _____ HOURS/DAY _____
From: _____ To: _____

DAYS/WEEK
 MON TUE WED THU FRI SAT SUN

Does your spouse currently have a second job, at the present?
 No Yes

Does your spouse's schedule vary?
 No Yes

Provide a typical work schedule: _____

My spouse/partner currently attends an educational institution

NAME OF INSTITUTION (SCHOOL) _____ START DATE (YYYY/MM/DD) END DATE (YYYY/MM/DD)

NAME OF PROGRAM: _____

DAYS/WEEK
 MON TUE WED THU FRI SAT SUN

HOURS/DAY _____
From: _____ To: _____

I am currently not employed/I am looking for work

6. Income Information - What are your sources of income? Check any of the boxes that apply

Parent/Guardian	Spouse/Partner
<input type="checkbox"/> Employment Income	<input type="checkbox"/> Employment Income
<input type="checkbox"/> Self-Employment Income	<input type="checkbox"/> Self-Employment Income
<input type="checkbox"/> Federal Benefits (CPP, Disability, ODSP, ACSD)	<input type="checkbox"/> Federal Benefits (CPP, Disability, ODSP, ACSD)
<input type="checkbox"/> Training or Living allowances	<input type="checkbox"/> Training or Living allowances
<input type="checkbox"/> Grants/Bursaries/Scholarships (OSAP)	<input type="checkbox"/> Grants/Bursaries/Scholarships (OSAP)
<input type="checkbox"/> Other investments, interest	<input type="checkbox"/> Other investments, interest
<input type="checkbox"/> Spousal and/or child support	<input type="checkbox"/> Spousal and/or child support
<input type="checkbox"/> Tips	<input type="checkbox"/> Tips
<input type="checkbox"/> Income from dependant adults	<input type="checkbox"/> Income from dependant adults
<input type="checkbox"/> Rental income	<input type="checkbox"/> Rental income
<input type="checkbox"/> Other income: _____	<input type="checkbox"/> Other income: _____



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7. Proof of Household Income:

In order to process your subsidy request, we require at least one of the following supporting documents from each parent/guardian applicant ***if both are residing in the same household.***

- Notice of Assessment (NOA)
- Previous years T4
- 3 consecutive pay stubs
- Federal benefit receipts (EI/ODSP etc.)

8. List all children who require care

CHILDS LAST NAME		FIRST		MIDDLE
<input type="checkbox"/> MALE	BIRTH DATE (YYYY/MM/DD)	AGE	GRADE	SCHOOL
<input type="checkbox"/> FEMALE				
Please indicate which program(s) you would like to register for:				
After School Connections <input type="checkbox"/>		March Break Camp <input type="checkbox"/>		Winter Camp <input type="checkbox"/> PA Day Camps <input type="checkbox"/>
CHILDS LAST NAME		FIRST		MIDDLE
<input type="checkbox"/> MALE	BIRTH DATE (YYYY/MM/DD)	AGE	GRADE	SCHOOL
<input type="checkbox"/> FEMALE				
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9. Declaration

I confirm that the information supplied above is true and complete. I understand that if any of the information changes or requires updating at any time, I am to contact the Boys and Girls of Kingston & Area as soon as possible.

Parent/Guardian Signature

Date