



2018 CAMPERSHIP APPLICATION – TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)

Website: www.kidsincamp.com Phone : 416 948 5437

Please complete one application per child and provide an answer to all questions. Incomplete applications will not be considered.

NAME OF CAMPER _____ Date of Birth _____ Male ___ Female ___
(mm/dd/year)

Names of parent(s) or guardian(s) _____

Relationship to the camper _____

Address _____
(Street) (City) (Province) (Postal Code)

Home telephone: (____) _____ Business telephone: (____) _____ Cell: (____) _____

NAME OF THE CAMP that your camper is applying to attend: _____

CAMPER/FAMILY INFORMATION (Personal information contained in this form will be used to help select campers to be funded by Kids in Camp. The privacy of the information is protected and will not be used for any other purpose).

How many adults live with this child? _____ How many children live in the home, including this child? _____

Is there a parent/guardian outside the home who is involved with this child? Yes No

If "yes", state relationship to the child: _____ Do they provide support for the child? Yes No

Are there other persons or sources assisting with the child's summer camp fee? Yes No

Total gross annual income from all sources, for all income earners living in the home. Please include any amounts received from those outside the home who provide support: \$ _____

(Canada Revenue Agency Proof of Income Statement(s) or Notice of Assessment(s) for 2016 or 2017 must be submitted with this application for all income providers in the home. T4 slips are not suitable).

Is this camper being sponsored by another agency, public health, charitable organization, or Children's Aid Society to attend camp? Yes No If yes, from where? _____

Have you applied this year for other financial assistance for this camper? Yes No Where? _____
If yes, has additional funding been approved? Yes No Await response

(You must notify KIC and the camp if and when additional funding is later approved)

Has the camper attended camp before? Yes No If yes, which camp? _____

Has the camper received financial assistance for camp in the past? Yes No

If yes, from whom/where? _____ From Kids in Camp? _____

Has the camper applied to another camp in addition to this one this summer? Yes No If yes, where? _____
(Kids in Camp will only approve one application per camper per summer).

Please provide additional notes and/or circumstances that may be of importance regarding this application.

(Additional information may be attached)

I certify that all information above and/or attached is true and accurate. My camper will be asked to complete a camper report form before leaving camp, (with staff assistance if needed). These comments may be used for promoting Kids in Camp, identified by first name only. I agree to indemnify and hold harmless Kids in Camp and its officers, directors, employees and volunteers from and against any and all losses, claims, demands, causes of action or litigation, including all costs thereof as a result of camp operations and activities.

Parent/Guardian's name (print): _____

Signature: _____ Date: _____

Please send this completed application to the camp supporting your application, along with the required Canada Revenue Agency Proof of Income Statement(s) or Notice of Assessment(s). The camp will forward the application to Kids in Camp. All documentation must be submitted BY THE CAMP to Kids in Camp by Friday, March 9, 2017.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

11/09/17 – KICCampershipApp-Family