



Free to Grow Program

Application for Funds for Children's Activities

Application to be **completed in full**. Please write clearly. All information will be treated confidentially.

FAMILY INFORMATION (only fill out once if applying for multiple children)

Parent(s)/Guardian(s) Name(s): _____
first name(s) *last name(s)*

Address _____ City _____ Postal Code _____

Telephone: _____ E-Mail: _____

Single Parent Family Two Parent Family Other # of children in total living with you: _____

Have you applied to the Children's Foundation before: YES NO

How did you hear about the Free to Grow Program? _____

TERMS & CONDITIONS

By acceptance of these Terms and Conditions, the Parent/Guardian agrees and consents to the following:

1. That the individual agreeing to these Terms and Conditions is the legal representative of the child(ren) they are submitting an application on behalf of, and has the appropriate authority to sign a legally binding agreement on behalf of said child(ren).
2. That the information submitted to the Children's Foundation is complete and accurate.
3. That the Children's Foundation may contact the recipient organization to confirm or clarify fees. Depending on the nature of the activity, the Children's Foundation may, in certain limited circumstances, be required to disclose the name of the child and/or other relevant personal information.
4. That providing information through an application for funding does not imply funding is approved. Until the Parent/ Guardian receives written confirmation that funding has been approved, the status of their application is under review.
5. Upon approval of funding, it is the responsibility of the Parent/Guardian to register their child(ren) in the activity approved.
6. That it is the Parent's/Guardian's responsibility to notify the Children's Foundation in the event that their child(ren) does not register in the activity, stops attending the activity, or if the program is cancelled. Failure to properly inform the Children's Foundation of program cancellation or non-participation may negatively impact your child/children's future applications.
7. **That the Children's Foundation is a source of funding only and cannot be held liable for the actions or omissions of the recipient organizations.**
8. **That all funding is at the sole and absolute discretion of the Children's Foundation and funding allocations may be subject to change.**
9. That as Parent/Guardian of the child(ren) they are submitting an application on behalf of, you assume all risk involved in the activity/program in which the child(ren) participated.
10. That Personal Information provided in the application for funding may be shared with funding or recreational partners for the purposes of determining a family's eligibility for assistance with them, including Jumpstart, City of Guelph, YMCA of Guelph.
11. To receive operational communications via mail, email or telephone with regard to the application for funding or for information that may be relevant to me as a recipient of funding through the Children's Foundation.

Signature of Parent/Guardian:

Date

INCOME VERIFICATION

Families with net income (Line 236 on your income tax) below the current Low Income Cut-Off (LICO) guidelines (see table) are eligible for funding of up to a maximum of \$400 per child per calendar year.

Family Size	Low Income Cut-Off
1 person (e.g. independent youth)	\$21,822
2 people (e.g. parent + 1 child)	\$27,165
3 people	\$33,396
4 people	\$40,548
5 people	\$45,988
6 people	\$51,868
7 or more people	\$57,747

We will need to see the most current year's **Canada Child Benefit (CCB-OCB) Notice** which shows your marital status and the number of children in the family to verify family size, as well as your family's net income (Line 236). If you don't have the CCB notice, then an alternative would be either the Ontario Trillium Benefit (OTB) notice or GST-HST Credit notice.

Alternatives to the above include:

- A recent Ontario Works (OW) statement that shows monthly amount.
- For refugees-immigrants, we can accept a Statutory Declaration from Immigrant Services or Settlement Services.

If these documents cannot be provided, please contact us to find out what we can accept.

OUR MAJOR PARTNERS



Applications accepted by mail, fax, email or in person

Contact us: Phone: 519-826-9551, ext 23 Fax: 519-766-4870
 Email: freetogrow@childrensfoundation.org Web: www.childrensfoundation.org
 Mailing address: 87 Waterloo Ave. Guelph, Ontario N1H 3H6

FOR OFFICE USE ONLY:

Date rec'd: _____

Income & Family Size Verification: Family Status: _____ Income (Line 236): _____

Docs rec'd: _____

Parent Name(s) : _____

Child's First Name	Child's Last Name	Date of Birth (day / month / year)	Gender (identifies with)	Activity Type <i>Example: Swimming</i>	Activity Description <i>Example: Summer Preschool 1</i>	
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
		Age				
Organization offering the activity (who we would pay)		Start date of the activity		How many weeks will the activity run?	How many days per week will the activity run?	How long each day will the activity take place?
Total Cost	What amount, if any, can your family pay? Can be \$0	Any other funds you are receiving for this activity? Can be \$0	If receiving other funds, from who/where?		Amount requested from Children's Foundation <i>Maximum is \$400 per child, per year – provided funding is available.</i>	

Child's First Name	Child's Last Name	Date of Birth (day / month / year)	Gender (identifies with)	Activity Type <i>Example: Swimming</i>	Activity Description <i>Example: Summer Preschool 1</i>	
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
		Age				
Organization offering the activity (who we would pay)		Start date of the activity		How many weeks will the activity run?	How many days per week will the activity run?	How long each day will the activity take place?
Total Cost	What amount, if any, can your family pay? Can be \$0	Any other funds you are receiving for this activity? Can be \$0	If receiving other funds, from who/where?		Amount requested from Children's Foundation <i>Maximum is \$400 per child, per year – provided funding is available.</i>	

Child's First Name	Child's Last Name	Date of Birth (day / month / year)	Gender (identifies with)	Activity Type <i>Example: Swimming</i>	Activity Description <i>Example: Summer Preschool 1</i>	
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
		Age				
Organization offering the activity (who we would pay)		Start date of the activity		How many weeks will the activity run?	How many days per week will the activity run?	How long each day will the activity take place?
Total Cost	What amount, if any, can your family pay? Can be \$0	Any other funds you are receiving for this activity? Can be \$0		If receiving other funds, from who/where?		Amount requested from Children's Foundation <i>Maximum is \$400 per child, per year – provided funding is available.</i>

Child's First Name	Child's Last Name	Date of Birth (day / month / year)	Gender (identifies with)	Activity Type <i>Example: Swimming</i>	Activity Description <i>Example: Summer Preschool 1</i>	
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
		Age				
Organization offering the activity (who we would pay)		Start date of the activity		How many weeks will the activity run?	How many days per week will the activity run?	How long each day will the activity take place?
Total Cost	What amount, if any, can your family pay? Can be \$0	Any other funds you are receiving for this activity? Can be \$0		If receiving other funds, from who/where?		Amount requested from Children's Foundation <i>Maximum is \$400 per child, per year – provided funding is available.</i>