



Chance 2 Camp Application 2019

DAY CAMP APPLICATION

Step 1 – Eligibility

Before you begin, determine your eligibility:

Eligibility for the program is based on your household size and total family income. Please determine if you are eligible. Please circle your household size and maximum income level.

Total Family Household Size	Maximum Allowable Total Family Income
2	\$35,498
3	\$42,322
4	\$50,135
5	\$56,111
6	\$62,549
7+	\$68,986

Step 2 – Personal Information

Name(s) of Child(ren):		Birth date(s):	
1)	Male Female	1)	
2)	Male Female	2)	
3)	Male Female	3)	
4)	Male Female	4)	
Custodial Parental Information			
Mother/Guardian:		Father/Guardian:	
Last Name		Last Name	
First Name		First Name	
Address:		Address:	
City:		City:	
Postal Code:		Postal Code:	
Phone – Home: _____		Phone – Home: _____	
Work: _____		Work: _____	
Email:		Email:	
<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's Father: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's Father: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 3 – Financial information

Total Family Income: Please indicate your total family income for 2018 from ALL sources. Include employment income, child support, EI Benefits, Income Security etc. Please supply copies of financial documents, summary sheet from 2018 income tax preferred. If custody is shared, please submit income information for both parents.

Income Source	Mother/Guardian	Father/Guardian
Total Annual Income from ALL sources	\$	

Step 4 – Camp Information

All applications will be processed by the Chance 2 Camp Coordinator. Families should not apply directly to the camp!

- Please note, the Foundation cannot process an application without the following information:

<input type="checkbox"/> A completed Camp Registration Form <input type="checkbox"/> Financial documents verifying income	<input type="checkbox"/> Signed Declaration	<input type="checkbox"/> Family Contribution *Cheques made out to CFS*
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Alternative Contact Information:

If you want the Camp Coordinator to speak with someone other than yourself regarding your child(ren)'s application, please indicate:

Name: _____ Phone # _____

Relationship to Child: _____

- Chance 2 Camp will fund a maximum of 2 weeks of day camp per child.
- Parental contribution of \$5 per child per week must accompany application.
- All financial information required must accompany application.
- An application does not guarantee funding.
- Funding is for children between the ages of 6-17.



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Declaration:

I, the undersigned, agree to the following conditions:

- a) I am a resident of the Central Region of Manitoba.
- b) My child(ren) will not be receiving any additional camperships this year and will not be attending any camp sessions other than the one sponsored by Chance 2 Camp.
- c) I will inform the Chance 2 Camp Coordinator of any cancellations or changes to my child(ren)'s camp session date with at least 2 week's notice or else my parental contribution will **not** be refunded.
- d) My child(ren) is/are between the ages **6-17**.
- e) If my child(ren) is/are sent home from camp early, my parental contribution will **not** be refunded.

I have read and understand these conditions and declare all above information to be true.

Signature: _____ Date: _____

Relationship to child: _____

It is important for us to know how your child(ren) experience camp this summer. Can we contact you to discuss your thoughts about what going to camp meant to you and your child?
Yes No

How were you made aware of the Chance 2 Camp Fund?

Newspaper Radio Friend School Poster Agency/Worker

Please send completed forms to:

Chance 2 Camp

C/O Child and Family Services of Central Manitoba
25 – 3rd Street SE, Portage la Prairie, MB R1N 1N1

Phone: 204-857-8751 Fax: 204-239-1413

Toll Free: 1-888-339-3576

Web site: www.cfscmfoundation.com