



# CanSkate Application 2021

## 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                              |

**\*\*PLEASE SUBMIT VERIFICATION OF INCOME (LAST YEAR'S INCOME TAX SUMMARY) WITH YOUR APPLICATION**

### Parental Contribution:

1<sup>st</sup> child: \$20.00  
 Every child after that: \$15.00 each  
 Maximum parental Contribution of \$50.00  
 For example, if you have 2 children in skating your family contribution would be \$35.

**\*\*PLEASE SUBMIT WITH YOUR APPLICATION**

**\*\* APPLICATIONS WILL NOT BE PROCESSED WITHOUT VERIFICATION OF INCOME AND THE PARENTAL CONTRIBUTION**

## Step 2 – Personal Information

| Name 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<br>Mother/Guardian:   | Father/Guardian:   |
|--|--|
| Last Name: _____<br>First Name: _____  | Last Name: _____<br>First Name: _____  |
| Address: _____<br>City: _____  | Address: _____<br>City: _____  |
| Postal Code: _____<br>Phone: Home - _____ Work - _____<br>Cell: _____  | Postal Code: _____<br>Phone: Home - _____ Work - _____<br>Cell: _____  |
| Email: _____   | Email: _____   |
| <input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody<br>*I have a live in partner other than the child's father<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody<br>*I have a live in partner other than the child's father<br><input type="checkbox"/> Yes <input type="checkbox"/> No |



Please Take to Your CanSkate Organization  
Chance 2 Play 2021  
Application

Child's Name: \_\_\_\_\_

Part B) Supplementary Information to be completed by Organization Board member

Organization: (please print)

The organization is the club with which the athlete is registered or will be registering to. Only the **President, Vice President, Registration Chair, Secretary, or Treasurer** of the organization's Board of Directors are eligible to sign the application form.

Organization: \_\_\_\_\_

Club Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_ Registration Fees only

This amount cannot include ice time, uniform fees, travel, raffle tickets, etc.

Organization's Board Members Responsibilities:

Your responsibilities when signing this form are:

- Confirmed that the athlete is registering for the requested program  Yes  No
- Confirmed the requested fee  Yes  No

Boards Members Name: \_\_\_\_\_

Organization's Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: Business - \_\_\_\_\_ Residential - \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Verification of the Applicants Registration: \_\_\_\_\_

Signature of Board Member

Position



Please return completed Part B information to:  
Chance 2 Play  
Child and Family Services of Central Manitoba Foundation Inc.  
25-3<sup>rd</sup> Street SE Portage la Prairie, MB R1N 1N1  
Phone: 204-857-8751 Fax: 204-239-1413