|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\valbuec\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\WLIF2003\KidSport-Windsor-Essex-Logo (2).png *Kidsport Windsor-Essex Chapter***  **APPLICATION FORM** | | | | | | | | | | **FOR OFFICE USE ONLY** | | **A D** | | | | | | |
|  | | | | | | | | | | **Adjudication Date:** | | **Registration ($)** | | | | |  | |
|  | | | | | | | | | |  | | **Equipment ($)** | | | | |  | |
| **Please ensure application is completed thoroughly and accurately. Applications can be submitted to:** | | | | | | | | | | | | | | | | | | |
| 2450 McDougall St., Windsor, ON N8X 3N6  T: 519-253-2300 | | | | | | OR | | | 832 Lauzon Rd., Windsor, ON N8S 3M5  T: (519) 974-0913 | | | | | | | | | |
| **Section 1: Child Information** | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | Last Name: | | | | | | | | | | | |
| Gender: Male  Female | | | | | | | Birth Date: (dd/mm/yyyy): | | | | | | | | | | | |
|  | | | | | | | Age: | | | | | | | | | | | |
| **Section 2: Adult Sponsor (Family Member/Parent/Guardian/Representative)** | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | Last Name: | | | | | | | | | | | |
| Street Address: | | | | | | | | No. of Adults in the household: | | |  | | | | | | | |
|  | | | | | | | | No. of Children in the household: | | |  | | | | | | | |
| City: | | | | | | | Postal Code: | | | | | | | | | | | |
| Telephone: | | | | | | | Email: | | | | | | | | | | | |
| **Section 3: Funding Request** | | | | | | | | | | | | | | | | | | |
| Organization/Club/League: | | | | | | | | | | | | | | | | | | |
| Program Name (if applicable): | | | | | | | | | | | | | | | | | | |
| Start Date (mm/dd/yyyy): | | | | | | | End Date (mm/dd/yyyy): | | | | | | | | | | | |
| Contact Person (First & Last Name): | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | Postal Code: | | | | | | | | | | | |
| Telephone: | | | | | | | Email: | | | | | | | | | | | |
| Amount Requested (Total not to exceed $250.00) | | | | | | | Registration Fee | | | | | | $ | | | | | |
|  | | | | | | | Equipment | | | | | | $ | | | | | |
|  | | | | | | | Total Request (not to exceed $250.00) | | | | | | $ | | | | | |
| **Section 4: Income Verification/Self-Disclosure** | | | | | | | | | | | | | | | | | | |
| Please attach one of the following documents (Check one): | | | | | | | Notice of Assessment  *(for all income earners in the household)* | | | | | | | |  | | | |
|  | | | | | | | Child Tax Benefit Notice | | | | | | | |  | | | |
|  | | | | | | | Other *(3 consecutive paystubs, Ontario Works, EI)* | | | | | | | |  | | | |
| **Section 5: Additional Program Information** | | | | | | | | | | | | | | | | | | |
| Is this the first time your child has participated in this sport? | |  | Yes |  | No | | Have you utilized the following programs this year? | | | | | | |  | | | | Jumpstart |
|  | |  |  |  |  | |  | | | | | | |  | | | | P2P |
| How did you hear about KidSport? | | | | | | | Word-of-mouth | | | | | | | |  | | | |
|  | | | | | | | Sport Organization | | | | | | | |  | | | |
|  | | | | | | | Media (ie/ newspaper, radio, social media) | | | | | | | |  | | | |
|  | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | |
| **I agree that all above information is accurate** | | | | | | | | | | | | | | | | | | |
| **Parent/Legal Guardian Signature:** |  | | | | | | | | | | | **Date:** | | | |  | | |
|  |  | | | | | | | | | | |  | | | |  | | |