



2025 CAMBERSHIP APPLICATION – TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)

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

Please complete one application per child by answering all questions. Our resources may limit our ability to help support all qualified applications received, or to be able to grant the full dollar amount or the total number of weeks requested by a camp and camper.

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

Name(s) of parent(s) or guardian(s) who live with child _____

Relationship to the camper _____

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

Home telephone () _____ Cell () _____ E-mail _____

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 at home 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 adults residing in the home, for the year for which you are submitting your Notices of Assessment. Include amounts received from those outside who provide support:

\$ _____

Canada Revenue Agency Proof of Income Statement(s) or Notice of Assessment(s) for 2023 or 2024 must be submitted with this application for all adults residing in the home. Documentation must be from the same tax year for all who are submitting. T4 slips are not acceptable.

Is this camper being sponsored to attend camp by another Agency, Public Health, or Children's Aid Society?

If yes, from where? _____

Have you applied this year for assistance for this camper from another charity? If yes, from where? _____

If yes, has additional funding been approved? Yes No Await response Amount _____

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 Kids in Camp? _____ from other sources _____ which? _____

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 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 (identified by first name only) may be used for promoting Kids in Camp. 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 Signature: _____ Date: _____

Please send this completed application to the camp, 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 Wednesday April 23, 2025. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. 10/03/24 – KICCampershipApp-Family