



PARENT/GUARDIAN:		EMAIL/PHONE:	
CHILD'S NAME:		ADDRESS:	
MALE/FEMALE:		ACTIVITY:	
		START TO FINISH DATE:	
		TOTAL SESSION HOURS PER WEEK:	
D.O.B:		REGISTRATION FEE:	
AGENCY:		AGENCY EMAIL:	

**ONLY THE TOP SECTION OF THIS APPLICATION NEEDS TO BE FILLED OUT IF YOU ARE RECEIVING GOVERNMENT ASSISTANCE, OR HAVE AN AGENCY REFERRAL. PLEASE PROVIDE VERIFICATION BY DOCUMENTATION OR AGENCY SIGNATURE, OTHERWISE FILL OUT THE BOTTOM PORTION OF THIS FORM AND PROVIDE VERIFICATION(T4 or NOA) OF THE LARGEST HOUSEHOLD INCOME AND EXPENSE. Funding approval required prior to activity registration.**

MONTHLY INCOMES:		MONTHLY EXPENDITURES	
Household Income		Rent/Mortgage	
Maintenance Support		Food	
Child Tax Credit		Clothing	
Insurance		Heat	
Pension		Hydro	
Employment		Loans	
Assets		Telephone/Cable	
Other		Medical	
		Insurance	
		Property Taxes	
		Other	
<b>Total</b>		<b>Total</b>	

Canadian Tire Jumpstart and its members will respect the confidentiality of all applicants. By completing this application, I hereby authorize Canadian Tire Jumpstart and its local Canadian Tire Jumpstart Chapter to consult with the endorser and share this information with the organization or company that will receive payment for my child.

Forward applications to: Cathy Mills Health STAR/Jump Start Project Coordinator  
 YMCA of Simcoe/Muskoka  
 22 Grove Street West, Barrie Ontario, L4N6T3  
 726-6421 ext.429 Fax: 792-7874  
 cathy\_mills@ymca.ca

FAMILY CONTRIBUTION \_\_\_\_\_ JS SUBMITTED: \_\_\_\_\_ REGISTRATION CONFIRMED: \_\_\_\_\_

*Building healthy communities*