

Application - YMCA of Simcoe/Muskoka

Name of child: _____

Parents/Guardian: _____

Address: _____

Medical Conditions: _____

Previous Activities: _____

Activity request 1: _____

Cost: _____

Activity request 2: _____

Cost: _____

Date of birth: _____ M: ____ F: ____ Other: ____

Contact: _____

Emergency Contact: _____

DR. Contact: _____

Organization: _____

Organization Contact: _____

Organization: _____

Organization Contact: _____

FINANCIAL DISCLOSURE*

MONTHLY INCOME

UIC: _____

Social Assistance: _____

Maintenance Support: _____

Pension: _____

Tax Credit: _____

Rental: _____

Commissions: _____

Worker's Compensation: _____

Subsidy: _____

Other: _____

Assets: _____

TOTAL _____

MONTHLY EXPENSES

Rent/Mortgage: _____

Property Taxes: _____

Food: _____

Clothing: _____

Heat: _____

Hydro: _____

Telephone: _____

Cable: _____

Loans: _____

Insurance: _____

Medical: _____

Other: _____

TOTAL _____

***SELF REFERRAL APPLICANTS ONLY NEED TO COMPLETE**

I claim all information is accurate and authorize its release for purposes of determining eligibility for my child/youth into the YMCA Building Healthy Children Program.

Signature: _____ Date: _____

YMCA Privacy Statement: "The YMCA strives to ensure that volunteers and staff conduct their relationships with each other, participants and all other Association contacts with integrity, good judgment and fairness. The YMCA of Simcoe/Muskoka respects the right of individuals to the protection of their personal information. The YMCA is committed to the confidentiality, privacy and accuracy of personal information it collects, uses discloses about its participants, Members, donors, parents/guardians, staff and volunteers +Copies of pay stub or T4 slip along with relevant documentation will be required.

Referral: _____

This project has received funding support from the County of Simcoe.

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