

This program helps financially disadvantaged kids get involved in organized sport and recreation by covering partial registration costs.

The goal of this program is to help those children that would not be able to participate in summer camp without the assistance of the Canadian Tire Jumpstart program.

### Who can apply?

- Parents/Guardians can apply for children ages 5 12 (must have completed Primary).
- The program is open to individual children, not groups or teams.
- Funding is available for multiple children within the same family.

#### What activity does the program support?

 Partial funding is available for Summer Camps at the Canada Games Centre.

#### What do the funds cover?

- Partial funding is available to a maximum of two camps per child/summer.
- A completed application form is required for each child per session; children may apply for one camp per month.

#### Is the application confidential?

 Confidentiality of all applicants and recipients will be protected.

#### Additional information:

- Please limit applications to one per child.
- A reference endorsement is required to determine eligibility (see Reference Information section of application).
- Once accepted, further information will be requested.

## How to Apply

Please send completed application form(s) to:

Canada Games Centre 26 Thomas Raddall Drive Halifax, NS, B3S 0E2

or drop by in person.

Please address your envelope: "Canada Games Centre Jumpstart Summer Camp Application"

See our Program Guide online for our selection of programs www.canadagamescentre.ca





It happens here.







Parent/Guardian

**Mailing Address** 

**Home Phone** 

Household (HH)

Child / Youth

**Mailing Address** 

**Home Phone** 

Name

City

Age

1st choice

2<sup>nd</sup> choice

3rd choice

4th choice

Signature of Parent / Guardian

**CHILD / YOUTH INFORMATION** 

**SUMMER CAMP INFORMATION** 

**Camp Name** 

**Camp Name** 

**Camp Name** 

**Camp Name** 

Name

City

**Email** 

**Details** 



# **Canadian Tire Jumpstart Summer Camp Application Form**

Return fully completed form in-person or by mail to: Canada Games Centre, 26 Thomas Raddall Drive, Halifax, NS B3S 0E2

Date

**Postal Code** 

Gender

**Postal Code** 

Prov.

Size of Household: \_\_\_\_\_ 1 Parent

Prov.

**School Name** Date of Birth

(D/M/Y)

Week

Week

Week

Week

Other Phone

Relationship

Please submit a separate application for each child.

Number of Children in HH: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION** 

	HH#		
	Registered-in		
·	DEFENSE IN	CORMATION	
	Each application must have the endorsement of a communit professional who is familiar with your situation and who can verify that you require assistance. The letter provides a reference and must be specific to the financial barriers of th family. References must be a non-family member. They can be a teacher, employer, police officer, principal, counsellor, social worker, coach or clergy member, etc.		
	Name		
	Position		
1	Day-time Phone		
	Email		
	Relationship to applicant		
	I support the request on behalf of the child named whose need is consistent with the Canadian Tire Jumpstart program guidelines.		
1	Signature		
	Date		
	CONFIDENTIALITY		
	All information received is kept confidential.		

OFFICE USE ONLY			
Date Received			
HH#			
Registered-in			
REFERENCE INFORMATION			
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Name			
Position			