



Canadian Tire Jumpstart Application Form

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

Please submit a separate application for each child.

OFFICE USE ONLY	
Date Received	
HH#	
Registered-in	

PARENT / GUARDIAN INFORMATION				
Parent/Guardian Name				
Mailing Address				
City	Province		Postal Code	
Home Phone	Other Phone			
Email				
Signature of Parent / Guardian			Date	
CHILD / YOUTH INFORMATION				
Child / Youth Name				Gender: M F
Mailing Address	<input type="checkbox"/> Same as above			
City	Province		Postal Code	
Home Phone	School Name			
Age	Date of Birth (D/M/Y)			
PROGRAM INFORMATION				
Check one only: <input type="checkbox"/> Recreation <input type="checkbox"/> Swim Lessons				
1 st choice	Program Name		Day / Time	
2 nd choice	Program Name		Day / Time	
3 rd choice	Program Name		Day / Time	
4 th choice	Program Name		Day / Time	
First time in a Canada Games Centre program?	____ Yes ____ No			

REFERENCE INFORMATION	
Each application must have the endorsement of a community professional who is familiar with your situation and who can verify that you require financial assistance. 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	
Day-time Phone	
Email	
Relationship to applicant	
<i>I support the request on behalf of the child named whose need is consistent with the Canadian Tire Jumpstart program guidelines.</i>	
Signature	
Date	
CONFIDENTIALITY	
All information received is kept confidential.	