



# Chance 2 Camp Application 2024

## DAY CAMP APPLICATION

### Step 1 – Eligibility

**Before you begin, determine your eligibility:**

Eligibility for the program is based on your household size and total family income. Please determine if you are eligible. **Please circle your household size and maximum income level.**

Total Family Household Size	Maximum Allowable Total Family Income
2	\$35,498
3	\$42,322
4	\$50,135
5	\$56,111
6	\$62,549
7+	\$68,986

### Step 2 – Personal Information

Name(s) of Child(ren):		Birth date(s):	
1)	Male      Female	1)	
2)	Male      Female	2)	
3)	Male      Female	3)	
4)	Male      Female	4)	

### Custodial Parental Information

Mother/Guardian	Father/Guardian
Last Name:	Last Name:
First Name:	First Name:
Address: City: Postal Code:	Address: City: Postal Code:
Phone Home: _____ Work: _____ Email: _____	Phone Home: _____ Work: _____ Email: _____
<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live-in partner other than the child's Father: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live-in partner other than the child's Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No



### Step 3 – Financial Information

Total Family Income: Please indicate your total family income for last year from ALL sources. Include employment income, child support, EI Benefits, Income Security, etc. Please supply copies of financial documents, the summary sheet from last year's income tax is preferred.

**If custody is shared, please submit income information for BOTH parents.**

Income Source	Mother/Guardian	Father/Guardian
Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		
Annual Wages / Salary	\$	\$
Income Assistance	\$	\$
Employment Insurance	\$	\$
Child Maintenance Received	\$	\$
Other	\$	\$
<b>Total Annual Income from ALL sources</b>	\$	\$

### Step 4 – Camp Information

**All funding applications will be processed by the Chance to Camp Coordinator. Families should not apply for funding directly to the camp!**

- Please note, the Foundation cannot process an application without the following information:

<input type="checkbox"/> Completed Camp Registration Form	<input type="checkbox"/> Financial documents verifying income	<input type="checkbox"/> Signed Declaration	<input type="checkbox"/> Family Contribution *Cheques made out to CFS*
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#### Alternative Contact Information:

If you want the Camp Coordinator to speak with someone other than yourself regarding your child(ren)'s application, please indicate:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

- Parental contribution of \$5 per child, per week must accompany the application.**
- Chance 2 Camp will fund a maximum 2 weeks of day camp per child.
- All financial information required must accompany the application.
- An application does not guarantee funding.
- Funding is for children between the ages of 6-17.





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**Declaration:**

I, the undersigned, agree to the following conditions:

- a) I am a resident of the Central Region of Manitoba.
- b) My child(ren) will not be receiving any additional camperships this year and will not be attending any camp sessions other than the one sponsored by Chance 2 Camp.
- c) I will inform the Chance 2 Camp Coordinator of any cancellations or changes to my child(ren)'s camp session date with at least 2 week's notice or else my parental contribution will not be refunded.
- d) My child(ren) is/are between the ages 6-17.
- e) If my child(ren) is/are sent home from camp early, my parental contribution will not be refunded.

I have read and understand these conditions and declare all above information to be true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

It is important for us to know how your child(ren) experience camp this summer. Can we contact you to discuss your thoughts about what going to camp meant to you and your child?

Yes  No

How were you made aware of the Chance 2 Camp Fund?

Newspaper     Radio     Friend     School     Poster     Agency/Worker

**Please send completed forms to:**

Chance 2 Camp  
c/o Child & Family Services of Central Manitoba  
25 3<sup>rd</sup> Street SE, Portage la Prairie, MB R1N 1N1  
Phone: 204-857-8751      Fax: 204-239-1413  
Toll Free: 1-888-339-3576

Web site: [www.cfscmfoundation.com](http://www.cfscmfoundation.com)

Additional applications can be downloaded from our website.

