



Application YMCA of Simcoe/Muskoka

Name of child: _____ Date of birth: _____ M: _____ F: _____

Parents/Guardian: _____ Contact: _____

Address: _____ Emergency Contact: _____

Medical Conditions: _____ DR. Contact: _____

Previous Activities: _____

Activity request 1: _____ Organization: _____

Cost: _____ Organization contact: _____

Activity request 2: _____ Organization: _____

Cost: _____ Organization contact: _____

FINANCIAL DISCLOSURE*

MONTHLY INCOME

UIC: _____

Social Assistance: _____

Maintenance Support: _____

Pension: _____

Tax Credit: _____

Rental: _____

Commissions: _____

Worker's Compensation: _____

Subsidy: _____

Other: _____

Assets: _____

Other: _____

TOTAL _____

MONTHLY EXPENSES

Rent/Mortgage: _____

Property Taxes: _____

Food: _____

Clothing: _____

Heat: _____

Hydro: _____

Telephone: _____

Cable: _____

Loans: _____

Insurance: _____

Medical: _____

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 collect, uses and 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.

Contact:
Cathy Mills
HealthSTAR
Project Coordinator
YMCA of Simcoe/Muskoka
705-726-6421 ext. 429
Fax: 705-792-7874

Referral: _____

