

Kids On Track Kids Summer Payment Form

Please submit with registration form(s)- 1 per family

Parent/Guardian Name: _____

Children's Names: _____

(First) _____ (Last)

(First) _____ (Last)

(First) _____ (Last)

Full payment is due two weeks in advance of the camp week(s). No refunds are issued after that time.

RATES– please circle either regular rate or subsidized rate

****Subsidized rates must be approved by KOT staff– please ask staff for a subsidy form**

Day Camp Admin Fee: \$10 x _____ total # of children attending = _____ (A)

Day Camp: _____ # of weeks x \$150/week **OR** x **\$_____ subsidized rate/week x **first** child = _____ (B)

Day Camp: _____ # of weeks x \$100/week **OR** **\$_____ subsidized rate x ___ **additional** children = _____ (C)

Adventure Camp Non-Refundable Deposit: \$20 x _____ total # of children attending = _____ (D)

Adventure Camp: 1 week x \$155 **OR** **\$_____ subsidized rate x **first** child = _____ (E)

Adventure Camp: 1 week x \$105 **OR** **\$_____ subsidized rate x ___ **additional** children = _____ (F)

Additional Contributions: All Kids On Track programs are pre-subsidized. It costs us \$200 per child per week for day camps and \$450 for camp. We invite you to give an additional contribution toward the full cost of the program as you are able. Ability to provide additional contributions do not affect your child's acceptance into our program in any way.
Please note: Contributions up to the full cost of the program are not tax receiptable. For contributions above the full amount of the program (to enable other children to go to camp), please fill in a donation card which our staff can provide.

= _____ (G)

TOTAL= (A+B+C+D+E+F+G)

Please circle which week(s) your children will be attending:

Week 1 July 8-11	Week 2 July 15-18	Week 3 July 22-25	Week 4 July 29-Aug 1	Week 5 Aug 5-8	Week 6 Aug 12-15	Adventure Camp Aug 18-22
---------------------	----------------------	----------------------	-------------------------	-------------------	---------------------	-----------------------------

TOTAL PAYMENT RECEIVED—FOR OFFICE USE ONLY

DATE	AMOUNT	NOTES (Camp week and site)	PAYMENT TYPE	RECEIPT (INITIAL)

Kids On Track SUMMER PROGRAM Subsidy Request Form

It is our goal that all kids have the opportunity to be involved in our SUMMER DAY CAMP and ADVENTURE CAMP programs.

Kids On Track offers subsidies to families who cannot afford the full price of these programs.

Please fill in the form below to apply for one of these subsidies.

PRIMARY CONTACT INFORMATION			
Name: _____	Phone: _____		
Address: _____	E-mail: _____		
City: _____	Postal Code: _____		

ARE YOU ELIGIBLE FOR THE KIDS ON TRACK SUBSIDY PROGRAM? Please choose one of the following:

OPTION 1:

Applicants are PRE-APPROVED for a subsidy if you are a verified recipient of any of:

- ACHB: Alberta Child Health Benefits– must show a letter with expiry date
- City Of Edmonton Leisure Access Program– must show current card
- Supports for Independence
- IS: Income Support

Staff Initial

OPTION 2:

If you are unable to provide any of the above documents, eligibility is determined by family income and size. Kids On Track uses the Government of Alberta Low Income Cut Off table (LICO) to help determine eligibility. The table identifies a range of low-income levels according to number of dependents and income. **Be sure to fill in your family information below.**

Please provide ONE of the following:

- Most current Tax Assessment(s) for ALL wage earners in immediate family
- Pay stub(s) for ALL wage earners in immediate family

Staff Initial

OPTION 3:

You have a unique situation and do not fall into either of the above criteria. We still want to help you and hear your story. **Please speak to a Kids On Track staff member.**

Staff Initial

If you check OPTION 2 or 3, please list all people in your immediate family, including the income of ALL income earners in your family.

FIRST NAME	LAST NAME	DATE OF BIRTH	INCOME

OFFICE NOTES:

Approved for _____ # of children at subsidized rate of _____

Staff Initial: _____ Date: _____