

YOUTH SUMMER PROGRAM Payment Form—1 per family

Parent/Guardian Name: _____
(First) (Last)

Youth's Name(s) _____

For a one time \$10/youth non-refundable reservation fee you can reserve spots in YOUTH DAY CAMPS only. Full payment is due 2 weeks in advance of activity. The reservation fee is waived if full payment is made when booking.

YOUTH DAY CAMPS: REGULAR RATE \$25/Youth Day Camp Activity (Actual Cost \$54.64)

_____ # of days X \$25/day X _____ # of youth = _____ (A)

One time non-refundable fees (required to reserve dates without full payment):

Youth Day Camp Admin Fee \$10 X _____ total # of youth = _____ (B)

TOTAL = _____ (A+B)

YOUTH DAY CAMPS: SUBSIDIZED RATE— OFFICE USE ONLY

_____ # of days X \$15/day X _____ # of youth = _____ (A)

One time non-refundable fees (required to reserve dates without full payment):

Youth Day Camp Admin Fee \$10 X _____ total # of youth = _____ (B)

TOTAL = _____ (A+B)

PLEASE CHECK OFF THE DAY CAMP DATES FOR WHICH YOU ARE REGISTERING.
Note: there are no refunds or changes prior to 2 weeks before scheduled Day Camps.

- Mon, July 8 _____ Tues, July 9 _____ Wed, July 10 _____ Thurs, July 11 _____ Mon, July 15 _____ Tues, July 16 _____
- Wed, July 17 _____ Thurs, July 18 _____ Mon, July 22 _____ Tues, July 23 _____ Wed, July 24 _____ Thurs, July 25 _____
- Mon, July 29 _____ Tues, July 30 _____ Wed, July 31 _____ Thurs, Aug 1 _____ Mon, Aug 12 _____ Tues, Aug 13 _____
- Wed, Aug 14 _____ Thurs, Aug 15 _____

OVERNIGHT TRIPS - \$175/TRIP (Actual Cost 356.60) Full payment is due TWO WEEKS IN ADVANCE of these trips. \$25 of the cost of each trip is non-refundable and must be paid to hold a spot for each trip.

OVERNIGHT TRIP	DATES	# of youth	Owing	Payment method	Amount Paid	Date	Receipt (staff initial)
Jasper Youth Camp	Aug 5-9						
Forged Guys Canoe Trip	July 23-26						
Hike Like A Girl	July 11-14						
TOTAL OWING				TOTAL PAID			

TOTAL PAYMENT RECEIVED—FOR OFFICE USE ONLY

DATE	AMOUNT	NOTES (Day Camp dates or Overnight Trip)	Payment Type	Receipt (Initial)

FOR OFFICE USE ONLY: DATE ENTERED INTO DATABASE _____

Kids On Track SUMMER YOUTH Subsidy Request Form

It is our goal that all youth have the opportunity to be involved in our YOUTH SUMMER DAY CAMPS and OVERNIGHT 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: <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; padding: 2px;">Staff Initial</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	Staff Initial			
Staff Initial					
Applicants are PRE-APPROVED for a subsidy if you are a verified recipient of any of:					
<input type="checkbox"/> ACHB: Alberta Child Health Benefits– must show a letter with expiry date					
<input type="checkbox"/> City Of Edmonton Leisure Access Program– must show current card					
<input type="checkbox"/> Supports for Independence					
<input type="checkbox"/> IS: Income Support					
 OPTION 2: <input type="checkbox"/>					
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. Please provide ONE of the following:					
<input type="checkbox"/> Most current Tax Assessment(s) for ALL wage earners in immediate family	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; padding: 2px;">Staff Initial</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	Staff Initial			
Staff Initial					
<input type="checkbox"/> Pay stub(s) for ALL wage earners in immediate family					
 OPTION 3: <input type="checkbox"/>					
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 and we will be able to assist with proof of income.					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; padding: 2px;">Staff Initial</td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	Staff Initial			
Staff Initial					

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

FIRST NAME	LAST NAME	DATE OF BIRTH	INCOME

OFFICE NOTES:

Approved for _____ # of youth at subsidized rate of _____

Staff Initial: _____ Date: _____