

A.L.L. for Kids Activity Request

Name of all adults (parents and/or guardians) living in the household:		
Mailing Address (including town & postal code)		
Home phone number:	Work phone number:	Cell phone number:
E-mail address:	Have you been with ALL for Kids previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

Are you receiving any of the following:

☐ Ontario Works (OW) ☐ Childcare Subsidy from the Municipality
☐ Ontario Disability Support (ODSP) ☐ Temporary Care / Foster Child status

If none of the above – you will be contacted to discuss eligibility.

How many children age 18 or under reside with you? _____

First Child's Name:
ACTIVITY
ORGANIZATION
REGISTRATION DATES
ACTIVITY START DATE
ACTIVITY END DATE

Second Child's Name:
ACTIVITY
ORGANIZATION
REGISTRATION DATES
ACTIVITY START DATE
ACTIVITY END DATE

Please list any additional children on back of form.

It will take up to one month to process your request. Please note that requests received less than one month from the activity registration date cannot be guaranteed to be processed on time.

Please note that funds are limited and requesting assistance or previous approval through A.L.L. for Kids does not guarantee that you will receive assistance.

A.L.L. for Kids is in part funded through the Canadian Tire Jumpstart program. If my child(ren) is/are funded under the Canadian Tire Jumpstart program, I give permission for the Municipality of Chatham-Kent, A.L.L. for Kids program, to submit my child's name, birthdate and mailing address to the Canadian Tire Jumpstart Foundation for the sole purpose of accessing funds in the form of a grant report. This personal information is not to be publicized or further shared by the Municipality of Chatham-Kent or Canadian Tire Jumpstart in any manner unless further consent is given by the parent /guardian. If my child(ren) is/are funded under the Canadian Tire Jumpstart program, I give permission for the Canadian Tire Jumpstart Foundation to contact me.

Signature of parent/guardian: _____

Date: _____

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Third Child's Name:
ACTIVITY
ORGANIZATION
REGISTRATION DATES
ACTIVITY START DATE
ACTIVITY END DATE

Fourth Child's Name:
ACTIVITY
ORGANIZATION
REGISTRATION DATES
ACTIVITY START DATE
ACTIVITY END DATE

Fifth Child's Name:
ACTIVITY
ORGANIZATION
REGISTRATION DATES
ACTIVITY START DATE
ACTIVITY END DATE

Six Child's Name:
ACTIVITY
ORGANIZATION
REGISTRATION DATES
ACTIVITY START DATE
ACTIVITY END DATE