

Today's Date: _____

KidzFirst Canada Vancouver

Youth Application FORM

Please be sure all parts of this form are complete to prevent any delays in processing your child's registration

Full Name of Youth _____

Gender _____

Date of Birth _____

School _____

Grade _____

Home Address _____

City & Postal Code _____

English Language Learner (Circle One): YES NO

Do you have other ways to help pay for the activity? If yes, please describe: _____

PARENT/GUARDIAN INFO

Parent / Guardian (1)

First Name _____

Last Name _____

Relationship to student: _____

Primary Language: _____

Home Phone: _____ Work Phone: _____

Email: _____

Address _____

City & Postal Code _____

Organization information

Organization Name _____

Main contact Name _____

Are you a registered charity?: _____

Primary Program or activity: _____

Phone: _____ Cell Phone: _____

Email: _____

Address _____ City & Postal Code _____

(1) Type of activity, event or program you are applying for?

(2) How much does the program cost? _____

(3) How much are you asking for the program/activity or event? _____

(4) Please tell us why you want to do this activity, event or program and why you need our assistance?

(5) As a parent or organization, please tell us why we should select you for assistance? _____

If considered for KidzFirst Canada assistance, we will follow up with additional questions and then determine if we are going to fund all or part of the program, event, or activity.

Thank you for your application, we will be in touch as soon as we can.

KidzFirst Canada

Board of Directors

162-2175 Salal Drive, Vancouver.BC

www.kidzfirstcanada.org