



CITY OF WELLAND
Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
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 Fax: 905-732-6187
recreation@welland.ca

CONFIDENTIAL

For Internal Use Only

Approved: _____ YES _____ NO

Program Coordinator Signature: _____

Date: _____

Sponsorship Fund: _____

SUBSIDY REQUEST & REFERRAL FORM – SUMMER DAY CAMP

Any child receiving monetary assistance is required to attend the full week of camp. A child that is not present for the required amount of days may or may not be eligible for monetary assistance in subsequent years. Each child approved will get one week of camp subsidized.

Name of Parent/Guardian(s)	
Name of Child(ren)	
Age(s) of Child(ren)	
ADDRESS:	
POSTAL CODE:	
TELEPHONE NUMBER:	
FAX:	
EMAIL ADDRESS	
Referral Agency & Contact Name <i>*if applicable</i>	

Did the child(ren) **ever attend** the City of Welland Summer Day Camp in previous years?

No Yes If yes, please indicate what year(s)? _____

Did the child(ren) ever access the subsidy program in previous years?

No Yes If yes, please indicate what year(s)? _____

Reason for Request/Referral: *Please tell us about your/your client's current circumstances and why you are requesting subsidy for summer camp this year. (Please use reverse side if more space is needed.)*

NON AGENCY REFFERED APPLICANTS ONLY will be contacted by phone in 1-2 weeks, regarding the status of their application.