



APPLICATION FORM

CALEDON KIDS FIRST

Bolton Rotary Program promoting wellness for youth

Date of Application:

YOUTH:

First and Last Name:

Age:

Mailing Address:

Town:

Postal Code:

PARENT or GUARDIAN:

First and Last Name:

Phone Number:

Cell Number:

Email Address:

Address (if different from Above):

Town:

Postal Code:

PROGRAM DETAILS:

Program Name:

Location:

Start Date (M/D/Y):

Finish Date (M/D/Y):

Location:

COST OF PROGRAM:

Registration Cost:

Other Cost:

Description of Other
Cost required:

Family Financial need situation:

Please provide brief description as to reason for applying for assistance for this child

Will you as a parent/guardian agree to a confidential verification of the family financial circumstances?

YES

NO

Parent/Guardian
Signature:

Send form or questions to email below:
youth@boltonrotary.ca