

Town of Gananoque
 Township of Leeds & Thousand Islands
 Positive Opportunity Partnerships (POP) for kids
 Application Form

Please complete and drop off, mail, email or fax to
 P.O.P.

Gananoque Parks & Recreation
 600 King Street E., Gananoque, Ontario K7G 1H3
 Telephone - 613-382-2248; Fax - 613-382-8562; E-mail: ssmith@gananoque.ca

(Please Print)

First Name: _____ <small style="text-align: center;">Child's Name</small>	Last Name: _____ <small style="text-align: center;">Child's Name</small>
Address : _____	Apt # _____ Postal Code : _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Age _____ Birth Date : _____
First Name: _____ <small style="text-align: center;">Parent or Guardian (Please Print)</small>	Last Name : _____ <small style="text-align: center;">Parent or Guardian (Please Print)</small>
Home Phone : _____	Work Phone : _____ E-Mail/Cell/Other: _____

<p>Income Level (Please indicate which category applies to your circumstance total annual family income)</p> <p>Under \$15,000 () \$15,000 - \$20,000 () \$20,000 - \$25,000 () \$25,000 -30,000 () \$30,000-\$40,000 ()</p> <p style="text-align: center;"><u>PLEASE INCLUDE INCOME FROM ALL SOURCES</u></p> <p>Do you receive O.W. or ODSP Yes _____ No _____</p> <p>No. of Dependant Children _____</p> <p>The P.O.P. program is a partnership program and participation is required.</p>

Please list your choice of activity and organization.

Preferred Program or Activity		
_____	_____	_____
(Program or Activity)	(Organization)	Program Fee
Authorization (Parent or Guardian)		
I, _____ authorize the following reference to release personal information as required for program placement with Gananoque Recreation P.O.P. I further authorize P.O.P. to collect this information.		
Signature : _____		Date : _____

Reference	
Please provide a reference that is familiar with your situation and who can verify that you require assistance from the P.O.P. program. This person should not be a family member or friend but a person who is active in community activities (Teacher, Coach, Social Worker, Clergy and Group Leader etc.)	
Name of Reference : _____	Phone : _____

# _____ Application Number	For Office Use Only	
	Program Cost \$ _____	Participant Contribution \$ _____
<input type="checkbox"/> _____ Reference Completed	Reduced Rate \$ _____	P.O.P. Support \$ _____

POP PROGRAM GUIDELINES

This program has been developed to assist as many families as possible with the cost of recreation programming for their children. However, funds are not endless so we do ask that each family participate in the cost to some degree. Funding sources or P.O.P. is;

Canadian Tire Jumpstart, The Town of Gananoque, Township of Leeds and Thousand Islands and private donations.

We ask that you limit your requests to (1) Spring and Summer Program and (1) Fall and Winter Program. That enables us to assist more families.

Summer Camp Programs

Anyone receiving Ontario Works or ODSP should contact their case worker as soon as possible. Summer Camp funding is available through both of those organizations. But funds are limited so be sure to apply as early as possible.

POP Funding for Summer Programs

The POP program will assist qualifying families with a maximum of two weeks funding for recreation camps. This funding is in addition to regular recreational program funding, so families may still apply for their spring/summer, fall/winter programs.

When completing your POP application form please indicate the program you are applying to and the full cost of that program.