



# Making Connections for Children and Youth APPLICATION

## C/O FIREFLY

Applicant Information	
Name:	Date of Birth:
Parent/Caregiver:	
Address:	Phone:
	E-mail:

Program Information	
Activity:	Cost:
Organization:	Dates:
Family Contribution:	
Is the child/youth registered in another recreation program at this time?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If the child is registered in another activity, MCCY is unable to approve this application (unless it is swimming lessons)	

Reference	
Please provide a reference from a designated agency that is familiar with your situation and can verify that you require assistance from Making Connections for Children and Youth.	
Name:	Phone:
Agency:	E-mail:
Financial Need Verified <input type="checkbox"/> Yes	
Signature of Reference:	Date:

Consent	
I agree to the sharing of personal information with the referring designated agency and Making Connections for Children and Youth volunteers, to collect and release personal information as required for the payment of invoices or reporting to the funders.	
<input type="checkbox"/> Verbal _____ <small>Signature of designated agency reference recording verbal consent</small>	<input type="checkbox"/> Written _____ <small>Signature of Parent/Caregiver</small>
Date: _____	