



Helping Kids with Physical Disabilities Succeed

**Request for Financial Assistance  
2010 Summer Recreational Choices Funding Program**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ ID#: \_\_\_\_\_

**RECREATIONAL CHOICES PROGRAM APPLICATION**

**Applications must be received by July 1, 2010\***

\*Please be advised that there is **limited funding available** for this program. Applying prior to the deadline **does not** guarantee that funds will still be available. **Apply early!**

**Please note:**

- **Child/youth must first be registered with Easter Seals Ontario in order to access these funds.**
- Requests for Financial Assistance will be processed by the date that this form is received in the Easter Seals Ontario Provincial Office. **Incomplete or unclear requests will be returned.**
- Send completed requests to *Recreation Co-ordinator, Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, ON, M3C 3N6*. If you have any questions or concerns, please call 416-421-8377 or 1-800-668-6252 ext.325 or e-mail [camp@easterseals.org](mailto:camp@easterseals.org).

**Child/Youth Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (*dd/mm/yy*): \_\_\_\_\_ Disability/Diagnosis: \_\_\_\_\_

I agree to have my name and address shared with the Easter Seals fundraising department.  Yes  No

**Primary Contact:**  Mrs.  Ms.  Mr.  Dr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\*Please note: To be considered for funding for a recreational program please include information about the summer program. If you are approved for funding, Easter Seals Ontario will not issue a cheque without an official confirmation of enrolment and receipts.**

**Individual Recreational Programs:**

Name of recreational program that your child wishes to attend: \_\_\_\_\_

Dates of the recreational program: \_\_\_\_\_

Estimated cost of the recreational program: \_\_\_\_\_

(Up to \$500.00 is available per child/youth registered with Easter Seals Ontario. A separate application is <sup>1</sup>required for each child. The Recreation program must take place in Ontario between July 1 – September 6, 2010).

**Family Vacation:** To be considered for funding for a family vacation you must have already searched for a recreational program and been unable to find a program that can accommodate your child because of the severity of her/his disability. A letter outlining the reason your child cannot attend an individual recreational program **must** accompany this application.

Name of the vacation site: \_\_\_\_\_

Dates of the vacation: \_\_\_\_\_

Estimated cost of the vacation: \_\_\_\_\_  
(Up to \$500.00 CDN per individual child with a disability. The family vacation must take place in Ontario between July 1 – September 6, 2010).

### **Payment Options**

How will you be requesting financial assistance? ( Please check *one*)

**OPTION #1** – Parent/guardian pay the recreational program the full amount and send all official receipts to Easter Seals Ontario for reimbursement up to \$500.

**OPTION #2** – Parent/guardian send a copy of the completed recreational program/vacation registration and confirmation of enrolment to Easter Seals Ontario. Easter Seals Ontario will send a cheque, for up to \$500, to the recreational program. Confirmation of payment will be sent to the parent/guardian.

**Refer to the 2010 Recreational Choices Funding Program information form  
for more details about these options**

**I certify** that the information provided in the application is true, correct, and complete to the best of my ability. I will indemnify and save harmless Easter Seals Ontario and its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suites or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the wilful or reckless misconduct of the program or vacation destination, in the fulfillment of utilizing the funds provided by Easter Seals Ontario. Easter Seals Ontario acts as a third party funder and as such has no role in recommending programs or in the relationship between the parent and camp/program or vacation destination site. Easter Seals Ontario complies with the Personal Health Information Protection Act (PHIPA). All the information gathered is stored in a safe and confidential manner.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Approved:  Yes  No Amount Granted: \$ \_\_\_\_\_

Confirmation Letter Sent: \_\_\_\_\_ Payment Option:  #1 or  #2

Date Payment sent: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Recreation Co-ordinator

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Manager, Provincial Services