



Camp. It's in you for life.

# AMICI CAMPING CHARITY 2021 RENEWAL CAMPER APPLICATION FORM

**Please return to:**

Amici Camping Charity  
403 - 150 Eglinton Avenue East, Toronto, ON M4P 1E8  
Web: [www.amicicharity.org](http://www.amicicharity.org) | Email: [molly@amicicharity.org](mailto:molly@amicicharity.org)  
Tel: (416) 588-8026 | Fax: (416) 486-3854

Please attach a recent photo of the applicant (optional)

**Complete this form if your child has received funding from Amici Camping Charity before.**

**Please complete one form for each child you are applying for.**

## SECTION A – CAMPER INFORMATION

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: (number, street, apt. #) \_\_\_\_\_

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

Date of Birth: MM/DD/YYYY: \_\_\_\_\_ Age as of June 30, 2021: \_\_\_\_\_

Entering Grade \_\_\_\_\_ in September 2021 School: \_\_\_\_\_

<p><b>Parent/Guardian 1:</b></p> <p>First &amp; Last Name: _____</p> <p>Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other: _____</p> <p>Phone # (Home) _____ (Work) _____ (Cell) _____</p> <p>E-mail: _____</p>	<p><b>Parent/Guardian 2 (if applicable):</b></p> <p>First &amp; Last Name: _____</p> <p>Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other: _____</p> <p>Phone # (Home) _____ (Work) _____ (Cell) _____</p> <p>E-mail: _____</p>
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Who has legal custody of this child:  Parent/Guardian 1  Parent/Guardian 2  Both  Other

If parents do not live together, is the other parent aware of this application?  YES  NO

Do you or your child identify as a New Canadian?  YES  NO

**Emergency / Alternate Contact: First & Last Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Email: \_\_\_\_\_



## SECTION C – HOUSEHOLD & FINANCIAL INFORMATION

**\*\*IMPORTANT:** Please include with this application, a copy of the most recent Notice of Assessment(s) as issued by the Canada Revenue Agency for each parent/guardian providing financial support for this child and/or living in the same home as the child.

### Household Members:

#### Adults:

Please list all adults **currently** living in your home. Include Occupation, Place of Employment and Annual Income where applicable.

<u>Name</u>	<u>Occupation</u>	<u>Place of Employment</u>	<u>Annual Income</u>
_____	_____	_____	_____
_____	_____	_____	_____

#### Children:

Please list all children currently living in your home.

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

#### Annual Pre-Tax Household Income (from all sources):

Income (Employment, Pension, WSIB, etc) \$ \_\_\_\_\_

Social Assistance Income (OW, ODSP, etc) \$ \_\_\_\_\_

Child Support : \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_ **Annual Pre-Tax Income**

If you wish, please share any additional information that will help us assess your requirement for financial assistance: \_\_\_\_\_

Have you applied for or received assistance with summer camp fees from other sources?  YES  NO

If yes, please indicate where: \_\_\_\_\_

I agree to update Amici Camping Charity if I apply for, or am granted, assistance with summer camp fees from other sources.

## SECTION D – ACKNOWLEDGMENT

As the legal guardian of \_\_\_\_\_, I agree to and understand the following:

1. I acknowledge that all information contained in this application is accurate to the best of my knowledge. I agree to notify Amici Camping Charity in writing regarding any changes or updates to this information. **I agree to notify Amici Camping Charity if I receive support for summer camp fees from any other source(s).**  
I give Amici Camping Charity permission to share information contained in his application, letters of reference and/or conversations with referees with my child's camp only as necessary.  
I give Amici Camping Charity permission to use photos and video of my child at camp in promotion and marketing initiatives.
2. Amici bases its funding decisions on a number of criteria including, but not limited to, financial need, space availability at partner camps, and the individual child's needs. No one factor is determinate.  
Amici Camping Charity will not review an application that is not considered complete. I understand that a complete RENEWAL Camper Application must include all requested written information, plus the most recent Notice(s) of Assessment for each **parent/guardian providing financial support to the camper applicant and/or living in the same home as the child.**
3. If my child is approved for funding, I will be asked to contribute a family fee. This amount will be a minimum of \$75 per camper, and is non-refundable. Upon acceptance of my child for sponsorship, I understand that this fee is due no later than April 30, 2020, unless otherwise indicated. I understand that late payment or non-payment of the fee may result in my child's successful application being declined and my child's sponsored spot being offered elsewhere.  
I agree to pay any outstanding bills to the camp for such items as tuck, transportation, laundry, etc. which are not covered by Amici (should funding be approved).
4. In accepting Amici's financial assistance in sending my child to summer camp, I acknowledge and understand that no liability whatsoever shall attach to Amici Camping Charity and its members, officers, or directors, for any claims, losses, damages, costs or expenses for personal injury to the health or welfare of my child or death of my child from whatever cause related to or connected with my child's enrollment at camp and my child's participation in any camp activities.

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Parent/Guardian signature

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Date

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Parent/Guardian name (please PRINT)

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Child's name

**PLEASE RETURN COMPLETED APPLICATION FORMS TO:**

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