

Criteria for Sponsorship

- 1) Child must be a resident of Winnipeg.
- 2) A child may only be sponsored for one week of overnight Bible camp per summer.
- 3) Child's family must be low-income or on social assistance.

Application Process

- 1) Contact the Family Life Centre to find an available camp and dates for your child.
- 2) Fill out the application for sponsorship. **Please ensure that you have read and signed the form.**
- 3) Fill out the appropriate camp application form. **Ensure all areas are signed as required.**
- 4) Return all **original** forms (including camp registration) to the Family Life Centre. **DO NOT SEND FORMS DIRECTLY TO CAMP.**

Policies

- Proof of income is required** (photocopy of 2024 notice of assessment / T4 or paystub - a budget letter for those on assistance).
- We do not reserve spots until we have received **all** of the required paperwork.
- Please notify us as soon as possible if your child will **not** be attending the week registered.
- If your child does not attend camp after being registered and without notification, he / she may not be able to register the following year.
- Please notify the Family Life Centre if there is any change of your address or phone number **before** your child attends camp.
- Family Life Centre reserves the right to deny any application.

Waiver

- 1) I grant permission to the Family Life Centre (FLC) and Union Gospel Mission (UGM) to use my child's photo to promote the camp program. **Initial** _____
- 2) I grant permission to FLC/UGM to mail my child information about upcoming events / programs for my child to attend. **Initial** _____
- 3) I allow FLC / UGM to contact me regarding my child's experience at camp. **Initial** _____
- 4) I have ensured the information submitted is correct to the best of my knowledge and that we fit the criteria above. **Initial** _____
- 5) I have included my camp registration form(s) and proof of income. **Initial** _____

By signing below, you state that you understand and agree with the above:

Parent / Guardian's Name Printed: _____

Signature: _____ Date _____

If you have any questions please contact the Camp Ministry office at the Family Life Centre
Phone: 204.586.7790 ext. 301 or 304 E-mail: cassie.kimball@gospelmission.ca

**Mail or drop off completed forms at: Family Life Centre
240 Pritchard Avenue, Winnipeg, Manitoba R2W 2J1**

PARENT / GUARDIAN INFORMATION (FILL OUT FOR ADULTS LIVING IN THE HOME):

First Name: _____ Last Name: _____

Occupation: _____ Total Income for 2024: _____

Cell Phone: _____-_____-_____-_____-_____-_____ (DO NOT WRITE HOME PHONE NUMBER HERE)

Mother Father Other: _____

First Name: _____ Last Name: _____

Occupation: _____ Total Income for 2024: _____

Cell Phone: _____-_____-_____-_____-_____-_____ (DO NOT WRITE HOME PHONE NUMBER HERE)

Mother Father Other: _____

Preferred contact method: *All families will receive a mailed letter approximately two weeks before camp.

If you select messaging app, please provide username if applicable.*

Call Text Mail Email Messaging App (specify): _____

Custody: Both Parents Mom Dad Shared Foster Care Other: _____

Marital Status: Married Single Common-Law Separated Divorced Widowed

Number of children in the home: _____

Mailing Address: _____ Postal Code: _____

Home Phone: _____-_____-_____-_____-_____-_____ (DO NOT WRITE CELL PHONE NUMBER HERE)

Parent E-mail _____

Does / do the child(ren) attend church or kids clubs? YES _____ NO _____

If yes, where? _____

How did you hear about our program? Mail Facebook Radio Email Digital* Other*

*Please Specify: _____

CHILD / CHILDREN'S INFORMATION (FILL OUT FOR ALL CHILDREN ATTENDING CAMP):

First Name: _____ Last Name: _____

Age: _____ Date of Birth (dd/mm/yyyy): ___/___/____ Grade (2024-2025): _____

School Child Attends: _____

First Name: _____ Last Name: _____

Age: _____ Date of Birth (dd/mm/yyyy): ___/___/____ Grade (2024-2025): _____

School Child Attends: _____

First Name: _____ Last Name: _____

Age: _____ Date of Birth (dd/mm/yyyy): ___/___/____ Grade (2024-2025): _____

School Child Attends: _____

First Name: _____ Last Name: _____

Age: _____ Date of Birth (dd/mm/yyyy): ___/___/____ Grade (2024-2025): _____

School Child Attends: _____

OFFICE USE ONLY (PLEASE LEAVE BLANK):

Mailed: _____ Emailed: _____ Hand Delivered: _____

Application Approved Signature: _____ Date: _____