

The Freddie Shore Learn to Swim Program offers free group swim lessons to children (age 0-17) of families in financial need. This program is made possible through the generous donation of long-time member, Freddie Shore. As assessments can take up to 4 weeks to complete, please ensure that your application is complete to avoid delays in processing time.

**Child's Information** (to be filled out by Parent or Guardian):

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	GENDER
		mm/dd/yyyy		
		mm/dd/yyyy		
		mm/dd/yyyy		

Parent(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Assistance is only offered to group swim programs for children age 17 or younger. Please indicate which session you are applying for, in order of preference. If your preferences cannot be accommodated, your child will be placed on a waiting list for the next available session. Please contact the Aquatics Department at 416-924-6211 ext. 530 for details. (Note: at this time, financial assistance is not available for private/semi-private swim lessons or swim programs for applicants age 18 and up).

		LEVEL	DAY	TIME	SESSION
Child's Name	1 <sup>st</sup> choice				
	2 <sup>nd</sup> choice				
	3 <sup>rd</sup> choice				
Child's Name	1 <sup>st</sup> choice				
	2 <sup>nd</sup> choice				
	3 <sup>rd</sup> choice				
Child's Name	1 <sup>st</sup> choice				
	2 <sup>nd</sup> choice				
	3 <sup>rd</sup> choice				

Are you currently a member with an arrangement in the MNjcc Membership Assistance Program?  Yes  No

Applicants are required to provide proof of total household income. Please indicate what kind of income documents you are submitting and attach it to the back of this form. Applications without supporting documentation will not be considered. (Note: photocopies preferred. Supporting documents are destroyed upon completion of assessment; please do not submit originals).

Notice of Assessment (self)       Notice of Assessment (partner)       ODSP Statement       OW Statement

How many people does this income support? \_\_\_\_\_

You must include the portion of your assistance statement that shows your name and address.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I verify that the information submitted is correct and accurate. If I submit false or inaccurate information, I understand that my eligibility for financial assistance in the Learn to Swim Program may be terminated.

OFFICE USE ONLY	
<input type="checkbox"/> Received:	<input type="checkbox"/> Not Approved (incomplete): <input type="checkbox"/> Not Approved:
Initial Approval: _____ Date: _____	Final Approval: _____ Date: _____

**OFFICE USE ONLY - NOTES**

**Date of Follow up:**

**Staff:**

**Date of Follow up:**

**Staff:**

**Date of Follow up:**

**Staff:**