



Financial Assistance Request Form

Kawarthas

Date Completed:

Have you applied for child care fee subsidy with the City of Kawartha Lakes? Yes No

A. Child(ren) Information

Name: Birthdate:
Name: Birthdate:
Name: Birthdate:
Name: Birthdate:

B. Parent / Guardian's Information

Name: Home Phone:
Email Address: Cell Phone:
Address: Postal Code:

C. Programs Requested for Financial Assistance

Please indicate amount you are able to contribute:

D. Support for Request

Please provide a brief explanation of why you require financial assistance

Please provide the name and phone number of an individual who can support your request.

Name: Phone #:

OFFICE USE ONLY

Application Accepted by: Date: