



Ottawa Hand in Hand Request Form

Please print:

Applicant(s)			
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:
Address:			Postal Code:
Child(ren) that are 0-17 years old/Adult Dependent(s) with Special Needs			
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: yyyy-mm-dd
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: yyyy-mm-dd
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: yyyy-mm-dd
Last Name:	Given Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: yyyy-mm-dd
Transfer from Parent to Child/Adult dependant with Special Needs			
As a parent or guardian, you may request all or a portion of your subsidy to be transferred to your child or children. If you wish to do so, please complete the following:			
Parent Name	Child Name	Amount	

Please identify any medical concerns in the family:

Personal information is collected on this form pursuant to s. 11(1)(5) of the *Municipal Act, 2001*, S.O.2001, c.25, as amended, and will be used for the purposes of processing your application and management of the City of Ottawa Parks, Recreation and Cultural Services programs. Questions regarding this collection may be addressed to the Program and Project Management Officer, Parks, Recreation and Cultural Services Department at 613-580-2424 extension 23488 or by email to OttawaHandinHand@Ottawa.ca

I hereby declare that the information provided is to the best of my knowledge, accurate, and that the City of Ottawa reserves the right to verify such information. Any application submitted providing false information could cancel any privileges granted under this application and disqualify the applicant for future eligibility in the Ottawa Hand in Hand Program.

Date (yyyy-mm-dd): _____ Signature of applicant or parent/guardian of child: _____

Participants are expected to pay a minimum of 25% of the cost of the program or activity. This contribution must be made prior to the start of the program. Please note that simply completing this form does not guarantee acceptance for fee assistance nor program registration. **Please allow a minimum of three (3) working days for the approval process.**

Fee assistance may **not** be applied to private and semi-private instructional programs or facility rentals/birthday parties. Additional program restrictions may apply. Fee assistance may be subject to available resources.

Please attach a copy of all supporting documentation to the application form (excluding proof of identity and residency).