



Year : 2021

Reception date :

By :

ASSISTANCE FOR FAMILIES (PERMANENT RESIDENTS) TO ENCOURAGE ARTS & ATHLETIC ACTIVITIES FOR CHILDREN AGED 0-17

IDENTIFICATION OF PARENTS			
FATHER		MOTHER	
last name	first name	last name	first name
Address		Address	
Tel:		Tel:	
Mobile		Mobile	
email		email	

IDENTIFICATION OF CHILD		
last name	first name	date of birth
ACTIVITY		
Name of enterprise/municipality/organization		Type of activity
Address	Start date	end date
Tel:	Total activity cost:	

ATTACH SUPPORTING DOCUMENTS :
___ PROOF OF RESIDENCE
___ PROOF OF BIRTH DATE
___ ORIGINAL INVOICE

We may contact you for additional information. Applications will be processed internally. If you are eligible, we will mail you a cheque (maximum \$100 per child/year)

for administrative use only	
Request processed on	by
accept rejected reason	
cheque # Amount \$	
Date of cheque	Signature