



Town of Canton
Department of Parks and Recreation
92 Pleasant Street - Canton, MA 02021
781-821-5030

Need-Based Fee Waiver Application Form for Youth Programs

Need-Based Fee Waivers for Youth Programs are intended to assist Canton youth who desire to participate in Canton Parks and Recreation programs, but lack the necessary funds. All applications will be reviewed and may take up to three weeks to process.

- Applicants must attach a Letter of Eligibility for the USDA free and reduced price meals program which can be obtained through Canton Public Schools Food Services.
- Waivers are only available for programs facilitated by Canton Parks and Recreation.
- Approval of a fee waiver is based on the applicant's eligibility and the availability of funds.
- Receipt of this applications does not guarantee a seat in a program.
- Participants are registered only upon completion of the approval process.
- All applications will be kept confidential.

I. CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ Town/State: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

Who referred you to Canton Recreation: _____

Have you previously received a Fee Waiver from Canton Parks and Recreation? Yes/No

If yes, what program(s) & what year(s)? _____

II. CHILDREN'S INFORMATION

1. Child's Name: _____ Last Name (if different): _____

D.O.B _____/_____/_____ Grade: _____ Gender: Male/Female

School Currently Attending: _____

What Recreation Program(s) are you requesting a Need-Based Fee Waiver for this child?

Program Name: _____ Session Requested: _____

2. **Child's Name:** _____ **Last Name (if different):** _____

D.O.B _____/_____/_____ Grade: _____ Gender: Male/Female

School Currently Attending: _____

What Recreation Program(s) are you requesting a Need-Based Fee Waiver for this child?

Program Name: _____ Session Requested: _____

3. **Child's Name:** _____ **Last Name (if different):** _____

D.O.B _____/_____/_____ Grade: _____ Gender: Male/Female

School Currently Attending: _____

What Recreation Program(s) are you requesting a Need-Based Fee Waiver for this child?

Program Name: _____ Session Requested: _____

4. **Child's Name:** _____ **Last Name (if different):** _____

D.O.B _____/_____/_____ Grade: _____ Gender: Male/Female

School Currently Attending: _____

What Recreation Program(s) are you requesting a Need-Based Fee Waiver for this child?

Program Name: _____ Session Requested: _____

III. FAMILY INFORMATION

Additional Persons in Household:

Name	Relationship to child	D.O.B	Occupation
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IV. FINANCIAL INFORMATION

Total (gross) family income last year: _____

Current monthly income from wages:

Name:	Amount:
_____	_____
_____	_____

Current monthly income from other sources (including SSI, SSDI, TAFDC, child support, alimony, etc.)

Source:	Amount:
_____	_____
_____	_____

Family Monthly Expenses:

Rent/ Mortgage: _____ Car Payment: _____

Other Payments (e.g. credit cards, loans): _____

Unusual situations or expenses at this time. Please explain: _____

Amount family can contribute to the cost of camp/other program: \$ _____

Signature: _____ Date: _____

----- **Office Use Only** -----

Application Received: _____/_____/_____	Initials: _____
Eligibility Verified: _____/_____/_____	Initials: _____
Application Status: _____ Approved _____ Denied	Initials: _____
Entered: _____/_____/_____	Initials: _____