



Please note that the office will be in contact, once your form has been processed.

CAMP GAN WELFARE – SUBSIDY FORM

FAMILY NAME:			
ADDRESS:			
HOME PHONE:		MOBILE:	
FATHER'S NAME:		MOTHER'S NAME:	
OCCUPATION:		OCCUPATION:	
WEEEEKLY GROSS INCOME:	WEEKLY CENTRELINK PAYMENT:	WEEKLY GROSS INCOME:	WEEKLY CENTRELINK PAYMENT:
NUMBER OF DEPENDENT CHILDREN:		DEPENDENT CHILDREN'S AGES	
<u>Which of your children are eligible for government subsidies?</u>			
<u>Have you had a new assessment completed for the new childcare subsidy?</u>			
PAYMENT PLAN OPTION FOR PARENT CONTRIBUTION (PLEASE CIRCLE): FORTNIGHTLY OR MONTHLY <i>Please note: that all payment plans will need approval from the CY Accounts department</i>			
IS THERE ANYTHING THAT YOU CAN DONATE TO CAMP IN LIEUE OF FEES (EG. TIME, MATERIAL)?			

CHILD NAME	FULL CAMP FEE	GOVERNMENT SUBSIDY (if applicable)	BALANCE OWING	PARENT CONTRIBUTION

PLEASE DETAIL THE CIRCUMSTANCES THAT NECESSITATE SUBSIDY REQUEST:

