



M.A.P. Program Junior Application Form Grades 4-8

A. General Information

Applicant's (Child's) Name:

First

Last

Date of Birth:

Age:

Male

Female

Month / Day / Year

Address:

Unit / Apt #

Street #

Street Name

Postal Code

Telephone: ()

Parent Email:

School:

Grade:

Parent / Guardian's Name

First

Last

Parent / Guardian's Name

First

Last

B. Personal Information

Please complete the section below by checking off the necessary boxes. You may select more than one box. You AND your child should fill out this application together.

1. Why are you and your child interested in the Program?

 Tutoring Financial Incentives Mentoring Educational Encouragement/Advocacy

2. What does your child like about going to school?

 Seeing Friends Learning new things Teachers/Staff Recess/Extra Curricular Activities Other _____

3. What doesn't your child like about going to school?

- Classes Tests Getting up in the Morning
 Homework Teachers/Staff Other _____

4. What subjects does your child do well in?

- Reading Mathematics Social Sciences (Geography, History)
 Writing Sciences Other _____

5. What subjects are the most challenging for your child?

- Reading Mathematics Social Sciences (Geography, History)
 Writing Sciences

6. Is your child in any of the following specialized educational programs at school?

- IEP – Individual Education Plan ESL – English as a Second Language ESD – English Skills Development

7. Does your child currently receive extra educational help outside of school i.e. tutoring?

- Yes No

8. Has you ever been bullied at school or in your community?

- Yes No

9. Is your child often peer pressured at school or in your community?

- Yes No

10. What hobbies or interests do you have?

- Reading Drawing/Sketching Outdoors
 Sports Music Other _____

11. Does your child have any medical, physical or emotional concerns that we should know about? I.e. ADHD, emotional outbursts, allergies or any other conditions? Yes No

Details: _____

C. Club Participation Information

Note: It is mandatory that your child is a Boys & Girls Club of London member in order to be eligible for the program.

1. Please describe your child's current involvement with The Boys & Girls Club of London:

Member Jr. Volunteer Non-Member

Other Involvement i.e. torch club, swim lessons, etc.: _____

2. Does your child use the Boys & Girls Club bus to come to the Club? Yes No

If yes, on what day and what is the bus # or stop they are picked up at? _____

3. How often does your child visit the Boys & Girls Club?

Daily 2 – 6 times a week Once a week Monthly Other _____

D. Other Information Required

1. Please list your siblings (brothers and sisters) names, ages and grades?

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

2. Please check your *Annual Combined Family Income*?

Under \$24,000 \$24,000 - \$30,000 \$30,000-\$50,000 Over \$50,000

3. Documents needed to be handed in:

- Proof of Income*

Type of proof submitted:

Pay Stub O/W or ODSP Cheque Stub T-4 / Income Tax Assessment Other _____

- Copy of last report card student received*

*Both Proof of Income and Current Report Card **must** be handed in with this application.

E. Legal Release

Applicant's parents or legal guardian warrant by their signature that they have read and understand the following Declaration and Release.

I, _____ and _____
Applicant's (Child's) Name Parent / Guardian's Name(s)

Declare the following:

1. I have read, understood and comply with the criteria related to this application and request that the applicant listed above be accepted into the Junior M.A.P. Program.
2. I understand that continued participation in the program is based on the fulfillment of requirements set out by the Boys & Girls Club of London.
3. I have honestly and accurately completed all aspects of this application.
4. I understand that all submitted information becomes the property of the Boys & Girls Club of London.
5. I understand that all funding in the M.A.P. Program is subject to availability.
6. I understand that personal information such as my combined annual income / proof of income and any other personal information of this nature will not be shared, traded or sold and will be used for statistical purposes only.
7. I consent to the use of my name and / or photograph in any form of media in conjunction with the Boys & Girls Club of London: Yes No
8. I understand that completion of this application does not mean a secured position in the M.A.P. Program.

Parent / Guardian's Name(s) Please Print

Parent / Guardian's Signature

Date

Parent / Guardian's Name(s) Please Print

Parent / Guardian's Signature

Date

Submit applications to the Boys & Girls Club of London at 184 Horton Street, London, ON N6B 1K8
For more information contact Christopher Hood at 519-434-9115 ext. 235, chood@bgclondon.ca

For Office Use Only

Date Application Received: _____ Received By: _____

Interview Date and Time: _____ Staff Initials: _____

Information Completed Checklist:

- Application Completed Signed by Adult and Child Financial Statement Received