

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



## A. General Information

Applicant's (Child's) Name:

First

Last

Date of Birth: / /

Age:

Telephone: ( )

Grade:

Parent Email:

School:

Parent / Guardian's Name

First

Last

Parent / Guardian's Name

First

Last

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? \_\_\_\_\_

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

## 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. 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

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

Yes

No

4. What hobbies or interests do your child has?

Reading

Drawing/Sketching

Outdoors

Sports

Music

Other \_\_\_\_\_

5. 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: \_\_\_\_\_

\_\_\_\_\_

6. Is your child involved in any extra-curricular activities?  Yes  No

Details: \_\_\_\_\_

## C. 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 completion of this application does not mean a secured position in the M.A.P. Program.

\_\_\_\_\_  
Parent / Guardian's Name Please Print

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian's Name 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 Cora Payne at 519.434.9115 ext. 264 or by e-mail at  
cpayne@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