



# Original Kids Theatre Company

Community, Passion for the Arts, Youth Development  
130 King St. Covent Garden Market. London, ON N6A 1C5  
(ph) 519-679-8989 [www.originalkids.ca](http://www.originalkids.ca)

## **FINANCIAL ASSISTANCE APPLICATION**

At Original Kids Theatre, our mission is to enrich and celebrate the lives of young people through the arts, providing them with opportunities to learn positive values through a variety of theatre experiences in a safe and challenging environment. We believe that children should have the opportunity to participate in the programming at Summer Camp, Kidlets and Main Company despite financial obstacles. Thus, we provide some need-based financial assistance. We invite applicants who are able to demonstrate a financial need to apply for our financial assistance program.

**Financial assistance applications are held in complete confidence.**

- Available Funding per Child:
1. Camp OK up to \$600.00
  2. Kamp Kidlets up to \$350.00
  3. Main Cast up to \$750.00

Please complete an application form for each child for whom you are requesting financial assistance.  
**Please attach a letter describing your family's financial need.**

**AND** one of the following:

A Child Care Tax Benefit form (issued by CRA) **OR** a notice of assessment from both parents.

**OR**

Official documentation of public assistance (i.e. a priest, social worker, teacher, etc.) including address and phone number  
(preferred documentation not required).

The application form should be printed, completed, and returned to the address below or emailed to [info@originalkids.ca](mailto:info@originalkids.ca). If you are applying for multiple children, please complete a separate form for each child.

Original Kids must receive financial assistance requests prior to the following deadlines:

- Monday February 17, 2025 (Camp OK, Kamp Kidlets)
- Monday March 17, 2024 (Camp OK, Kamp Kidlets)
- If camp spots remain, ongoing basis.
- Monday June 10, 2024 (Main Cast, Kidlets Sessions)
- Monday August 19, 2024 (Main Cast, Kidlets Sessions)

**Please complete the application fully.**

**Please be advised that our financial assistance program is limited and is not guaranteed.**

## **So, what happens after my application is submitted?**

Original Kids will send you a letter, via e-mail or mail, advising whether your application has been approved and the amount of assistance awarded. The recipient may then move forward in completing a standard application for their specific Original Kids programming.

Thank you for your interest in Original Kids. If you have any questions about the financial assistance process or policies, please contact us. For more information regarding Original Kids programming, please visit [www.originalkids.ca](http://www.originalkids.ca) or give us a call at 519-679-8989!

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## Section A: To be filled out by the Parent / Guardian

Please fill out the application to the best of your ability. Thank you for your interest in Original Kids!

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Which Original Kids Program Are You Applying For? \_\_\_\_\_

Partial or Full Assistance \_\_\_\_\_

Which session / start date of the program are you applying for? \_\_\_\_\_

Name of Adult(s) Completing This Form: \_\_\_\_\_

Name of Person Child Presently Lives With: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent's Information

Parent / Guardians' Name: \_\_\_\_\_

Parent / Guardians' Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent / Guardians' Employer: \_\_\_\_\_

Parent / Guardians' #2 Name: \_\_\_\_\_

Parent / Guardians' #2 Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent / Guardians' #2 Employer: \_\_\_\_\_

How Many Children (Other Than The Applicant) Live In the Home? \_\_\_\_\_

\_\_\_\_\_

**Check all that apply:**

*Parents separated or divorced* \_\_\_\_\_ *Guardians unable to work* \_\_\_\_\_

*Parents or guardians deceased* \_\_\_\_\_ *Guardians unemployed* \_\_\_\_\_

**Has the individual(s) participated in any Original Kids programming in the past? Please specify.**

**How did you hear about Original Kids?**

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## Section B: To be filled out by the child & guardian

Why would you like to attend Original Kids?

What do you love best about theatre?

*I attest that all the above information is complete, honest and accurate to the best of my knowledge, including any relevant background or financial information that has not directly been asked about. I recognize that any false information may result in the cancellation of my child's registration and the child will no longer be eligible for enrollment in Original Kids programming, whether currently attending or as a prospective Original Kid. The information provided to Original Kids will be kept confidential.*

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

*Financial Assistance Applications can be mailed or submitted directly to:*

Original Kids Theatre  
130 King Street London, Ontario N6A 1C5  
or e-mailed to [info@originalkids.ca](mailto:info@originalkids.ca)

If you have any questions or comments, please contact us at 519-679-8989 or [info@originalkids.ca](mailto:info@originalkids.ca)