



## What is Playing for Keeps?

We strive to give all children and youth the opportunity to experience the fun of being a child and not be excluded from the activities their friends are enjoying. The Playing for Keeps program helps to pay registration fees for families who may not otherwise be able to.

Sports and recreational activities positively impact children and youths' development of physical skills, exercise, social skills, ability to have fun, learn to play as a member of a team, and improve self-esteem, emotional intelligence, and mental health and development.

Programs to improve mental health for children and youth have never been more important. Physical wellbeing is a huge part of a healthy active mind. Playing for Keeps ensures that this goal is met for the children and youth in our local communities.

20% of children and youth are living with a mental health condition, Playing for Keeps will help to get that number lower by providing one more resource to make a positive impact in their lives.

## Eligibility for Playing for Keeps

**Register a minimum of 10 business days prior to the start of the activity to ensure the application will be processed**

- Recipients must be between the ages of 3-21 years
- Family must reside in Hastings, Northumberland, or Prince Edward Counties and be unable to pay the registration costs
- Families **may** apply for up to \$500 per calendar year
- Funds are awarded only for registration fees
- Funding must be for activity purposes only
- Proof of Employment and additional info may be required to process the application
- All application forms must be fully completed for the application to be processed
- Payment will be made directly to the organization/program
- Organizations must provide proof of registration before payment will be issued
- Families are asked to contribute a minimum of 10% of the registration fees **if possible**
- Applicants and organizations will be notified within 10 business days of receipt of their fully completed application regarding approval status if possible
- Families involved with HSCA are not required to send proof of income & are automatically approved
- Families on ODSP or OW are required to send in ODSP or OW slip & are automatically approved
- Families not involved with HSCA or on ODSP or OW, are required to send proof of income. Please attach to your form, or send a separate email to [tcf@highlandshorescas.com](mailto:tcf@highlandshorescas.com) with the first and last name of the child in the subject line

## How can Families Apply?

- Fill out the form below and submit
- Print a PDF form below and send a photo or scan it to [tcf@highlandshorescas.com](mailto:tcf@highlandshorescas.com)
- Pick up a form at any of The Children's Foundation or HSCA locations
- Telephone– 613-962-9292
- Email- [tcf@highlandshorescas.com](mailto:tcf@highlandshorescas.com) requesting a form



# Playing for Keeps Application

**All three Sections** of the application must be filled out completely. Incomplete and illegible forms will be returned.  
Send in proof of income for all parents/guardians who are supporting the application and live in the same household.

Section 1: Participant (Ages 3-21)	
Last Name:	First Name:
Date of Birth:	Age:
Has the participant received funding from The Children's Foundation this year? ( ) Y ( ) N	
Has the participant received funding through Canadian Tire Jumpstart this year? ( ) Y ( ) N	
Section 2: Parent/Guardian's Information	
First and last name:	First and last name (2):
Telephone:	Address:
City:	Number of people in household:
Email:	
Yearly Household income (please attach proof of income from all guardians who are supporting the participant, married or common law and live in the same household):	
Are you on ODSP, OW or social Assistance (if yes? please send in a copy of your ODSP or OW slip): ( ) Y ( ) N	
Is the Family/ Participant involved with the Highland Shores Children's Aid Society?: ( ) Y ( ) N	
If yes, what is the worker's name:	
Is the Family/ Participant involved with another agency?: ( ) Y ( ) N	
Name of agency:	Worker name:
Section 3: Organization Information	
Organization Name:	
Contact email:	Contact telephone;
Type of activity:	Start date of activity:
Full registration cost:	Funding requested (max\$500/ year):
Comments:	

Guardian Signature: \_\_\_\_\_

I have thoroughly read and understand the guidelines of Playing for Keeps and agree that this application meets the guidelines and is truthful: ( ) yes ( ) no

I give TCF permission to contact me for testimonials and impact stories: ( ) yes ( ) no

**Please scan/ email, or fax your application with proof of all guardian's income to:**

[tcf@highlandshorescas.com](mailto:tcf@highlandshorescas.com)

**You may also drop your form off at, or mail to:**

ATTN: TCF Playing for Keeps. 363 Dundas St. W. Belleville ON. K8P 1B3 ~ 613-962-9292