

REIMBURSEMENT POLICY FOR DAY CAMP FEES

OBJECTIVE OF THE POLICY

As the Municipality of Potton is no longer offering a day camp service, it would like to continue to offer their support to local families and provide financial assistance to parents who enroll their children in a municipally approved, local day camp program. This assistance is provided by means of a reimbursement requested by the parents or guardians.

MAXIMUM ANNUAL REIMBURSEMENT PER CHILD

Full time residents of the Township are entitled to a reimbursement of 50% of their total camp cost for a maximum annual amount of \$300 per child.

ADMISSIBILITY

To be eligible for the refund policy, the applicant / participant must:

- be a full-time resident of the Township of Potton;
- must be between the ages of 4 and 13 years of age;

IMPORTANT: The day camp service used must be an approved camp by the municipality. This list is available at the Town Hall.

Please note that reimbursements will be processed starting in September of each year. Parents will be reimbursed once all the documentation requested has been received.

The yearly deadline to submit your claim is December 15th.

DOCUMENTS REQUIRED WITH THE FORM:

- Proof of residency, example driver's licence, phone or tax bill
- Payment receipt of total registration fees for the camp service

* Please note that only complete request forms with the required documentation will be processed.



POTTON REIMBURSEMENT FORM FOR DAY CAMP

To be eligible for the refund policy:

- The participant must be ages 4-13.
- The participant must be a full-time resident of the Township of Potton.
- The legal guardian of the participant must provide proof of residency, example a valid driver's license, tax or phone bill.

The full amount of the invoice will be reimbursed up to 50% of the total cost incurred for a maximum amount of \$300 per child.

Please note: Only completed forms with the necessary documents mentioned above will be processed. We will make a copy of the original documents for our file.

IDENTIFICATION OF PARENT RESPONSABLE FOR THE REQUEST

FIRST NAME / LAST NAME:

ADDRESS:

EMAIL:

TELEPHONE:

IDENTIFICATION OF CHILDREN ELIGIBLE FOR THE REFUND

FIRST NAME/LAST NAME

BIRTHDATE - YY/MM/DD

1.

2.

3.

IDENTIFICATION OF CAMP:

NAME OF CHILD

NAME OF CAMP

COST

\$

\$

\$

TOTAL COST OF CAMP FEES

\$

C'est chouette!



It's a hoot!

I acknowledge and certify that all information and documents provided are accurate.

Signature of the parent responsible for the request

Date

RESERVED FOR THE ADMINISTRATION ONLY		
Total Amount of the invoice:		Comments:
Amount Reimbursed:		

Director General's Signature

Date