



## Art Gallery of Hamilton Subsidy Application – Children's Programming

The Art Gallery of Hamilton offers the Children's Camp Programming Subsidy to assist qualifying families with the cost of AGH Children's Camp programming fees for children. Subsidies are available for up to 100% of fees and have been made possible by AGH donors.

### Subsidy Application Guidelines

- Subsidies are available to those with financial need, who would otherwise not be able to attend AGH Camp program. We request that you only apply for subsidy if you are able to demonstrate crucial financial need.
- AGH Camp is open to children ages 6 – 12. We strive to make camp an accessible experience for all campers, including those with unique needs, however we are unable to provide 1:1 support.
- Subsidies are limited and based on current program enrollment. Due to demand, the AGH can only offer **1 (one) week of camp** per child, per calendar year, to those that meet the subsidy requirements.
- Submit 1 (one) application per child. If you are applying for multiple children, please complete and submit separate applications for each child.
- The application must be completed in full by the deadline to be considered.
- You will be notified of the subsidy decision within 1-2 weeks. All decisions are final, unless new or exceptional information with documentation is submitted.

### Program Deadlines

- March Break Art Camp – Monday, March 2, 2026
- Summer Art Camp – Monday, July 6, 2026

### Application Submission

Please complete and return to the attention of Kateri Foreman, Lead, Onsite Learning, via email to [camp@artgalleryofhamilton.com](mailto:camp@artgalleryofhamilton.com)

or drop-off at:

The Art Gallery of Hamilton  
123 King St. West  
Hamilton  
L8P 4S8

If you have questions regarding your application, please contact us at [camp@artgalleryofhamilton.com](mailto:camp@artgalleryofhamilton.com).

*All information is received in strict confidence.*

## **Child/Applicant Information**

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

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

Child's Date of Birth: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's Pronouns (he/him, she/her, they/them, other): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

### **Allergies/Medical Conditions**

Do allergies require the use of an EPI-pen?

Does your child have any health or behavioral issues we should be aware of?

## **Parent/Guardian Information**

### **Parent/Guardian #1**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Secondary Phone (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Parent/Guardian #2**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Secondary Phone (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Subsidy Application Information**

Number of children you are applying for: \_\_\_\_\_

**Program of Interest:**

**March Break Art Camp 2026**

March 16 – 20, 2026

**Summer Art Camp 2026**

July 20 – 24, 2026

- July 27 – 31, 2026
- August 10 – 14, 2026
- August 17 – 21, 2026

Have any of your children received subsidies in the past?  Yes  No

If yes, please indicate which years/programs subsidy was received per child:

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**Household Financial Information:**

Are you currently receiving financial social assistance:  Yes  No

What is your total annual household income from ALL sources?

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$30,000  | <input type="checkbox"/> \$55,001-\$60,000   |
| <input type="checkbox"/> \$30,001 - \$35,000 | <input type="checkbox"/> \$60,001 - \$65,000 |
| <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$65,001 - \$70,000 |
| <input type="checkbox"/> \$40,001 - \$45,000 | <input type="checkbox"/> \$70,001 - \$75,000 |
| <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$75,001 +          |
| <input type="checkbox"/> \$50,001-\$55,000   |  |

Number of individuals in household (adults and children): \_\_\_\_\_

How much are you able to contribute to your child's programming fees? \_\_\_\_\_

Please explain why you are applying for subsidy in one short paragraph:

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**Please specify your child's School Board:**

- HWCDSB (Catholic)
- HWDSB (Public)
- Other (please specify): \_\_\_\_\_



### **Emergency Contact(s)**

*This person will be contacted if listed parents/guardians cannot be reached. You may add the names and contact info for multiple people.*

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

### **Authorized People for Child Pick-up**

*Other than the parents/guardians listed, the following people are authorized to pick up your child in your absence (photo ID will be requested). You may add the names and contact info for multiple people.*

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

### **Policies and Disclaimers**

Can the following be administered to your child? Please check off the options that may be administered.

- Repellent
- Antibiotic Cream
- Calamine Lotion
- Sting Swabs
- Sunscreen

I give permission for my child to leave by him/herself (All children under the age of 10 MUST be picked up by a parent, guardian or adult who has been given permission):

- YES

NO

If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and/or emergency contacts.

YES

NO

I give the Art Gallery of Hamilton permission to photograph and/or videotape my child for promotional and reporting purposes. The identity of my child will not be released and the AGH maintains the exclusive right to all photographs.

YES

NO

I give the Art Gallery of Hamilton permission to add my email to the contact list for upcoming Children's Programming. The Art Gallery of Hamilton is aware of the importance of protecting the privacy of its patrons and members. Although we do use e-mail addresses collected for marketing purposes, be assured that the AGH does not sell, rent or trade its lists to others for any purpose.

YES

NO

I acknowledge that transfer or full refund requests must be submitted at least 3 weeks before the camp program's start date, subject to a \$25 + HST administrative fee. Refund requests made within 2 weeks of the start date will receive a 50% refund of the camp tuition fees, minus the \$25 + HST administrative fee. No refunds will be issued after the 2-week notice period.

YES

NO

I/We agree that the Art Gallery of Hamilton, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in Art Gallery of Hamilton Childrens' Programming activities. I further certify that the registrant is covered by OHIP and/or private health insurance.

YES

NO

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_