

2025 New Agency Enrollment



Name of Applicant Organization:	
Address:	
City:	Postal Code:
Phone:	Extension:

Registered Charity
 Non-Profit Society
 Government Agency
 School
 Other

Organization Incorporated as:

If Registered Charity, provide CRA number: _____

If Licensed Group Home, provide License number: _____

If Non-Profit Society, provide Society's number: _____

1. Which best describes your programs. Check all that apply:

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> After School | <input type="checkbox"/> Community center | <input type="checkbox"/> Counseling | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Government Program | <input type="checkbox"/> Health Centre | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Residential Home | <input type="checkbox"/> School | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Other (Please List) | _____ | _____ | _____ |

2. Event Interests (check all that apply):

- | | | | |
|-----------------------------------|--|--|---|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Football | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Other Sports | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Art Galleries | <input type="checkbox"/> Theatre | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Museums | <input type="checkbox"/> Science | <input type="checkbox"/> Attractions | <input type="checkbox"/> Festivals |
| <input type="checkbox"/> Camps | <input type="checkbox"/> Workshops | <input type="checkbox"/> Indoor Events | <input type="checkbox"/> Outdoor Events |

3. Demographics – Please help us understand the clients you serve:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Urban | <input type="checkbox"/> Rural | <input type="checkbox"/> Newcomers | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> At-Risk Youth | <input type="checkbox"/> Health Barriers | <input type="checkbox"/> Indigenous | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Women & Children | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Refugees | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Youth | <input type="checkbox"/> Children | <input type="checkbox"/> Physical Challenges |

4. How many children under 18 do you serve (total)? _____

5. How many children do you serve in these categories?
0 – 6 years _____ 7 – 12 years _____ 13 – 18 years _____

6. As an agency, it is your responsibility to distribute each of the tickets you receive. Please don't submit requests hoping you can distribute them. Please consult with your community to identify the actual number of potential recipients before making a request for tickets. Clients must request tickets prior to the Agency requesting tickets.

Do you agree? Yes No

7. Children and youth (18 and under) must attend the events. Parents and chaperones can accompany and attend, but there must always be a higher or equal ratio of kids to adults.

Do you agree? Yes No

8. Experiences are NOT to be used personally by agency employees or volunteers, nor given to their family or friends. Agency staff members are welcome to chaperone kids, groups, or families to events. However, staff are not allowed to access our programs unless we specifically say in the email that they are open to staff.

Do you agree? Yes No

9. If a recipient cannot use the tickets that were provided to them, they may not sell or redistribute them. If you realize the intended recipient cannot use it, please try and redistribute the experience to another family or group within your agency or return them promptly to Kids Up Front.

Do you agree? Yes No

10. Kids Up Front staff may attend an event to audit seats and will request a report and feedback regarding the use of tickets.

Do you agree to provide reports as requested? Yes No

11. Are you able to send somebody from your organization to pick up event tickets from Kids Up Front when e-ticket distribution is not available? (Clients are NOT permitted to pick up tickets.)

Yes No

12. Is your organization able to provide photos and/or videos of recipients at events (with a signed waiver providing permission to Kids Up Front to use those images)? Yes No

13. What is your level of Commercial Liability Insurance coverage?

Please attach a copy of your general liability insurance certificate/proof of insurance.

\$1M

\$2M

Over \$2M

Name of Executive Director / Principal / President (Signing Authority)	
Position:	
Phone:	Cell Number:
Email Address:	

<u>Primary Experience Coordinator Contact:</u>	
<u>(approved by Signing Authority)</u>	
Position:	
Office Phone:	Cell Number:
Email Address:	

<u>Alternative Experience Coordinator Contact:</u>	
<u>(approved by Signing Authority)</u>	
Position:	
Office Phone:	Cell Number:
Email Address:	

Have you read and do you understand the attached Agency Agreement and these guidelines? Yes
 No