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TSAWWASSEN FIRST NATION

## Tsawwassen First Nation

# Policy for Administering Infant and Toddler Grants

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**Date Enacted: 26 July 2022**

*Order Number: O.065-2022*

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Braden Smith  
Chief Administrative Officer

Table of Amendments

<b>Section(s) Amended</b>	<b>Date</b>	<b>Order number</b>	<b>Come Into Force Date</b>

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## **1. Mission Statement and Purpose**

The objective of this policy is to enable TFN infants and toddlers to access accredited learning development activities, through the provision of financial support, to support their emotional, physical, mental and spiritual development, which improve self-esteem and foster personal growth.

## **2. Eligibility**

**2.1.** Eligible programs must be:

2.1.1. Related to education (lessons of some kind), or sporting activities (e.g., dance class, swim class, gymnastics, etc.); and

2.1.2. Accredited, chartered, licensed and/or certified by a relevant authority (e.g., Canadian Soccer Association, Sylvan Learning, etc.).

**2.2.** Eligible recipients must:

2.2.1. Be a Tsawwassen Member age 4 or younger.

**2.3.** The parent or legal guardian of an eligible recipient must be able to show to the Manager (the “Manager”) of Education and Skills Development satisfactory proof that the extra-curricular activity is an eligible program.

## **3. Process to Apply for Grant**

**3.1.** Applicants must complete the attached application form and submit it to the Manager.

**3.2.** Parents or legal guardians may apply on behalf of an eligible recipient; if that application is approved, they will receive up to \$300.00 to defray the costs of participating in an eligible program.



# Infant and Toddler Grant GENERAL APPLICATION FORM

The information on this form is collected under the authority of Section 9 of the Education, Health and Social Development Act (TFN). If you have any questions about the collection or use of this information, please contact the Manager of Education and Skills Development.

## CHILD INFORMATION **(please provide all information)**

STUDENT FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TFN MEMBERSHIP #: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Infant and Toddler Grant (*\$300 per child age 4 and younger*) (*one per fiscal year – April 1 to March 31*)

Program Name: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Organization: \_\_\_\_\_

Start Date of Program: \_\_\_\_\_

End Date of Program: \_\_\_\_\_

I hereby certify that the information contained in this form is complete and correct to the best of my knowledge:

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

\_\_\_\_\_  
Date Signed

**\*\*Cheque is made payable to the parent or guardian (must complete Acknowledgement and Declaration on page 2)\*\***

## ACKNOWLEDGEMENT AND DECLARATION IN RESPECT OF A PAYMENT TO LEGAL GUARDIAN(S) ON BEHALF OF A MINOR

If the child is in the care of both parents, the cheque for these grants will be payable to the Tsawwassen Member parent. If both parents are Tsawwassen Members, or if the child is in the care of a non-Member parent or guardian, please indicate the name that the cheque should be made out to: \_\_\_\_\_

I/We represent and declare that I/We am/are the legal guardian(s) of the above named Tsawwassen Member child and that the funds received in respect of the minor will be used for his or her benefit.

### Parent/Guardian #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

### *Witness for Parent/Guardian #1*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

### Parent/Guardian #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

### *Witness for Parent/Guardian #2*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

SIGNED at: \_\_\_\_\_ (town, country), this \_\_\_\_\_ (day) of  
\_\_\_\_\_ (month), 20\_\_\_\_.

***Please note: Should the child be in the custody of a non-parental guardian or if one parent has sole custody, attach a copy of a valid court order each year. If no valid court order exists, or if there are special circumstances, direct your request for payment to the Education and Skills Development Manager.***