



2026 PARENT APPLICATION

Angel Tree Camping provides funding for a child with an incarcerated parent to participate in a regular week at a local accredited Christian day or overnight camp. Applications are filled on a first-come, first-served basis. This form is to be completed by the incarcerated parent.

PLEASE APPLY AS SOON AS POSSIBLE AS CAMP SPOTS ARE LIMITED

INCARCERATED PARENT'S INFORMATION: (Please print clearly, neatly and boldly)

Name (First name only): _____

Institution: _____

CAREGIVER'S INFORMATION:

Who do the children live with (caregiver)? _____

First Name

Last Name

How is the caregiver related to the children? (E.g. mother, father, grandparent): _____

Caregiver's Cell/Text #: _____ Caregiver's Alt Phone #: _____

Caregiver's Email Address: _____

Caregivers's Home Address: _____

Street #

Street Name

Apt/Unit #

City

Province

Postal Code

Please provide another name and phone number in case the caregiver cannot be reached:

First Name

Last Name

Phone Number

Children must be between 6-16 years old to be eligible. Please attach a separate application for any children living at a different address or if you have more than 3 children.

Child #1: _____ Grade: _____ Age: _____ Boy Girl

First Name

Last Name

2025-26

Child #2: _____ Grade: _____ Age: _____ Boy Girl

First Name

Last Name

2025-26

Child #3: _____ Grade: _____ Age: _____ Boy Girl

First Name

Last Name

2025-26

All of the funding used for Angel Tree Camping sponsorships has been provided through the generosity of private donors. Please share how you think your children will benefit from attending camp:

Please scan and email both sides of this completed form to angeltree@prisonfellowship.ca or fax to 905-673-6955



Angel Tree Camping provides funding for a child with an incarcerated parent to participate in a week at a local Christian day or overnight camp. For any child approved for sponsorship, regional staff or volunteers from Prison Fellowship Canada will work with the child's caregiver to help connect the family to a local accredited Christian camp.

How Can I apply?

- Read and sign the Declaration below
- Contact the child(ren)'s caregiver(s) to confirm their interest in the child(ren) participating in the Angel Tree Camping program in 2026
- Complete all of the information on both sides of this *2026 Parent Application*
- Verify that the contact information for the caregiver is accurate and complete and that you are legally allowed to contact both the caregiver and child(ren) listed
- Return this completed *2026 Parent Application* to the Chaplain/Program Staff at your institution
- Ensure that the caregiver understands that the child must complete a Feedback Form for Angel Tree Camping following their summer camp experience.

NAME OF INCARCERATED PARENT: _____
First Name Last Name

DECLARATION

By completing this application and signing it below, I agree that all the information I have provided is true and accurate. I give permission for PFC to collect, use, and retain the information provided for the purpose of Angel Tree Camping programs. I further give permission for PFC to contact the caregiver to verify this information and to provide information about other Angel Tree programs. I agree that PFC may share this information with a camp as part of the Angel Tree program. Further, I declare that the following statements are true:

- I am currently incarcerated at a correctional institution in Canada: Yes No
- The children I have listed are my biological or legal children: Yes No
- My children are between 6-16 years old and live in Canada: Yes No
- I am legally allowed to contact both the caregiver and child listed: Yes No
- I have contacted the caregiver to let them know that I have applied to Angel Tree: Yes No
- I give permission to institutional staff to review my application: Yes No
- I understand that I am responsible for the truth of the information I provide: Yes No
- I understand that submitting this application does not guarantee that I will be approved by PFC: Yes No

INCARCERATED PARENT SIGNATURE (REQUIRED): _____

Chaplain's Information

Name: _____
First Name Last Name

Institution Name: _____

Phone Number: _____ Ext. _____ Alternate # _____

Email Address: _____

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