



CHILDREN'S FITNESS TAX CREDIT RECEIPT

SECTION A - TO BE COMPLETED BY SCHOOL:

School Name:

Name of physical activity program:

Total fee for program:

Eligible for receipt:

SECTION B - TO BE COMPLETED BY PARENT/GUARDIAN (please print clearly):

Name of the payor: _____

Total paid:

Name of the student: _____

Student's year
of birth:

SECTION C - TO BE COMPLETED BY SCHOOL ON RECEIPT OF PAYMENT:

Receipt #

Date received: _____

Eligible amount
for receipt:

Authorized signature: _____

Receipts do not have to be submitted with your tax return but must be kept for possible verification purposes.

Personal information contained on this form is collected under the authority of the Income Tax Act and will be used for the Children's Fitness Tax Credit. Questions about this information collection should be directed to the Superintendent of Business Services, Hastings and Prince Edward District School Board, 613-966-1170.