

# Children's Fairyland Subsidized Family Memberships

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

Membership Number: \_\_\_\_\_

Fairyland's Community Outreach Program offers a limited number of subsidized family memberships to qualifying low-income families through a direct application process. The membership is good for one year and the benefits include park admission for each member (up to 2 adults and 3 children), a Magic Key for each child, and discounts to gift shop, café, birthday parties, and summer camp. To submit an application, please complete this form. Application may be mailed or dropped off in person.

**Please print clearly and write the name as it appears on your photo I.D.  
Your membership account will be under the name of the primary adult written below.**

\_\_\_\_\_  
Primary Adult's First Name

\_\_\_\_\_  
Primary Adult's Last Name

\_\_\_\_\_  
Additional Adult's First Name

\_\_\_\_\_  
Additional Adult's Last Name

\_\_\_\_\_  
Relationship to Primary

**Please provide the names of the children you wish to include in your membership.  
Up to three children are included with each membership.**

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

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthday

Female Male  
Prefer to self-describe \_\_\_\_\_

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

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthday

Female Male  
Prefer to self-describe \_\_\_\_\_

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

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthday

Female Male  
Prefer to self-describe \_\_\_\_\_

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Home number

\_\_\_\_\_  
Email

Have you ever been a member before?    \_\_\_ No    \_\_\_ Yes

How did you hear about the subsidized membership program?

Referred by an agency \_\_\_\_\_  
Name of Agency

Fairyland's website

Other website \_\_\_\_\_  
Name of website

Social media

Friend/relative                     at Fairyland

Other \_\_\_\_\_

Membership Use Only	Date
___ Letter and Sticker given	_____
___ Keys Given	_____
___ Guest passes	_____
___ Entered into Database	_____
___ Cards Printed	_____

## Personal Statement

Please share why you are applying for financial assistance and how your family would benefit from a Fairyland membership.

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## Finances

Total Household Gross Annual Income \$\_\_\_\_\_ How many people are in your household?\_\_\_\_\_

## Documentation

Applicants must submit at least one document from the list below. All documents except for Tax Returns should be no more than 30 days old.

Government Assistance Program(s) – provide current enrollment/award letter or statement

- Medi-Cal
- CalWORKS Benefits
- CalFresh/SNAP
- Women, Infant & Children program (WIC)
- SSI Statement
  
- First 2 pages of your most recent Federal Tax Return (1040, 1040A or 1040EZ)
- Homeless or living in transitional housing – ask your agency to provide a confirmation letter about yours tatus.

I understand that my submission of this application does not guarantee that I will receive a one-year subsidized membership from Children's Fairyland. I certify that the information on this application is true and accurate.

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

Please note: The application process may take up to 3 weeks. If you have any questions, please do not hesitate to contact Vicky Chen, Community Outreach Coordinator at outreach@fairyland.org or call 510-452-2259.

Office Use Only	Date
Date Received:	_____
Membership Awarded:	_____
Approved by:	_____
Membership valid date	_____