



Moncton's Tooth Fairy Program

Application

Eligibility

Are you or your spouse/partner working? Yes No

Are you between the age of 18 and 64? Yes No

Do you have access to any dental coverage? Yes No

Do you live in the Greater Moncton area (Moncton, Dieppe or Riverview)? Yes No

Are you willing to make a cash donation towards the program? Yes No

Personal Information

Name:	
Full Address:	
Telephone Number:	Home: <input type="checkbox"/> Cell: <input type="checkbox"/>
Email Address:	
Age:	
Children and their ages:	
Place of Employment:	
Yearly Family Income:	

Dental Work Required:

Estimated Cost of Dental Work: \$ _____

Contribution: \$ _____

Other information you may want to add:



Please attach a copy of last year's Notice of Assessment/your tax return or recent paystubs to confirm your yearly family income.

Referred By: _____

Signature: _____

Date: _____

Forward completed application to:

Tooth Fairy Program

Moncton Headstart Inc.
1111 Mountain Road,
Moncton, NB E1C 2S9
Phone: (506) 858-8252
Fax: (506) 857-3170