

THE CRIDGE RESPITALITY PROGRAM
Application

Parent(s)Name(s): _____

Address : _____ Postal Code _____

Email address: _____

Phone Number: (Home) _____ (Work) _____ Cell _____

Child's Name : _____

Child's Birthdate: (d) _____ (m) _____ (y) _____

(√) Check how much notice you require to prepare for the respitality overnight stay:
___ less than 24 hours ___ less than one week ___ one week ___ 1 month

(√) Check which days would be most suitable for the respitality overnight stay:
___ Sun. ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ anytime

Please provide the name and phone number of the agency or social worker that supports you and your child: _____

As the parent of _____, (child's name) I authorize Cridge Respitality to review this application for eligibility and I also agree to follow the guidelines set out on the enclosed brochure.

Parent 's signature: _____

Any additional relevant information
(optional): _____

Mail or Fax application to:

Mimi Davis, Coordinator
The Cridge Respitality Program
1307 Hillside Avenue
Victoria, BC V8T 0A2

Phone:(250) 995-6412

Fax:(250) 220-8566