



Childcare Provider Card Request

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CRANSTON
RESIDENTS ASSOCIATION

Resident Request for Childcare Provider Card *(For all childcare providers who do not live with the family or in Cranston)*

Date Card Requested: _____

Resident/Parent Name: _____

Property Address: _____

Name of Childcare Provider: _____

Date of Birth of Childcare Provider (if between 12yrs & 17 yrs old): _____
(dd/mm/yyyy)

Home Address of Childcare Provider: _____

Note: Childcare cards will not be issued to childcare providers who are residents in the Cranston Community

Children who will be entering the park with the childcare provider:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

I, _____, permit _____ to enter the Cranston Residents Association park and facility and use the Cranston Residents Association (CRA) amenities with only the above mentioned children. I assume full responsibility for my childcare provider and children and their actions at all times while they are accessing any of the CRA amenities. I am aware that all members and guests are permitted to use the CRA amenities at their own risk and are subject to the CRA rules and regulations.

DATED this _____ day of _____, 20_____

Signature of Member

Century Hall Use Only
Date Processed: _____
Expiry Date: _____
Tracking Sheet Update: