



# Day Home Provider Request

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**CRANSTON**  
RESIDENTS ASSOCIATION

## CRA Resident Request for Day Home Provider Card

**Date Card Requested:** \_\_\_\_\_ **Renewal Date:** August 31<sup>st</sup> annually

**Resident Day Home Provider Name:** \_\_\_\_\_

**Day Home Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Maximum Number of Day Home Children:** \_\_\_\_\_

I, \_\_\_\_\_ have obtained consent from all parent(s)/guardian(s) to bring the children registered in my day home to the Cranston Residents Association (CRA) Facility and Park. I assume full responsibility for all the day home 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 facility rules and regulations.

I understand that this card must be brought with me every time I enter the Century Hall Facility & Park with my day home children.

I understand that this card is valid until August 31 each year.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of Day Home Provider**

Century Hall Use Only

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

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

Tracking Sheet Update: