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 31st 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: ☐

Rev: 14/09/2022