



CRANSTON
RESIDENTS ASSOCIATION

Childcare Provider Card Request

www.cranstonra.ca

Resident Request for Childcare Provider Card

Date Card Requested: _____

Resident /Parent Name: _____

Property Address: _____

Name of Childcare Provider: _____

Date of Birth of Childcare Provider (if between the ages of 12 to 17 years old) _____/_____/_____
(day/month/year)

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. 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:

Rev: 14/09/2022