



Application for Assistance

Applicant Information – Please Print

Childs Name: _____
Last First Middle

Sex: _____ Age: _____ Date of Birth: _____
Year Month Day

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parents or Guardians:

Last Name First Name Last Name First Name

Siblings:

Last Name First Name Last Name First Name

Health Information: To be completed by a health care professional or attach a letter from your health care professional

Diagnosis/Medical Condition: _____

Estimated Length of Stay / Treatment: _____
Start Date End Date

Treatment Location Victoria Vancouver Other _____

Health Care Professional: _____
Please Print Name

Signature: _____ Date: _____

Personal Information

River Kids takes your family's right to privacy very seriously. Personal information will not be disclosed to anyone for business or commercial purpose.

Testimonials

River Kids is a nonprofit organization that relies on the donations of the community in order to be able to help families such as yours.

In order to help raise funds and make sure that families in need know of the society's ability to help, River Kids is grateful to have testimonials from families that the society has helped.

These testimonials would be used for promotional items such as media stories, brochures and the society's website.

Yes, we would be willing to share our family's experience for purposes consistent with the above.

No, we are not willing to share our family's experience for purposes consistent with the above

Signature: _____
Parent/Guardian

Name: _____
Please Print

Date Signed: _____