

**OUR LADY OF VICTORY RESPITE CARE PROGRAM**

**PARTICIPANT REGISTRATION FORM 2019-2020**

**PLEASE PRINT**



LAST NAME		FIRST NAME	
AGE	DATE OF BIRTH	HOME PHONE	
STREET ADDRESS			
CITY		STATE	ZIP
MOTHER'S NAME		MOBILE #	
FATHER'S NAME		MOBILE #	
PRIMARY EMAIL			

**Contact for Respite Night (# to call for emergency)**

NAME	MOBILE #
------	----------

**Education/Communication**

SCHOOL:	GRADE LEVEL:
---------	--------------

CLASSIFICATION OR DISABILITY:
-------------------------------

SERVICES YOUR CHILD RECEIVES:
-------------------------------

HOW CAN THEY COMMUNICATE?
---------------------------

ADVICE TO VOLUNTEERS ON HOW TO COMMUNICATE WITH YOUR CHILD:
---

SOOTHING TECHNIQUES THAT WORK FOR YOUR CHILD:
---