



# Childcare Provider Card Request

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**CRANSTON**  
RESIDENTS ASSOCIATION

## Resident Request for Childcare Provider Card *(For all childcare providers who do not live with the family or in Cranston)*

Date Card Requested: \_\_\_\_\_

Resident/Parent Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Childcare Provider: \_\_\_\_\_

Date of Birth of Childcare Provider (if between 12yrs & 17 yrs old): \_\_\_\_\_  
(dd/mm/yyyy)

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 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: