WOMEN'S RESPITE PROGRAM

APPLICATION

(Call to get deadline for program you want to attend. 716/893-0931)

Application Deadline: Assume 15 days prior to start of program.

Name _____

Address _____

City_____State_____ Zip _____

Phone_____

Email_____

Date of birth ____/____/_____ Education □ HS □ College

□ Master's □ Other (pls specify) _____

Marital status □ Single □ Married □ Divorced □ Separated

□ Widow □ w/Partner

Number of children_____ Ages_____

Do you consider yourself low income? □ Yes □ No

Employer _____

I need transportation □ Yes □ No

I can help with driving □Yes □ No

Do you have any special needs that our staff should know about?

If so, pls specify _____

Have you experienced any recent losses or deaths? □ Yes □ No

If yes, please tell us.

_____

Why would you like to participate in this program? _____

_____

How did you find out about the Women's Respite Program?

_____

Who will be caring for your children while you are away?
(This information **must** be filled in.)

Name _____

Phone _____

I understand that the Women's Respite Program is not responsible for loss of property or personal injuries while participating in the program at Stella Niagara. I acknowledge that activities such as massage therapy, walking, etc. may involve certain risks of injury, and I am voluntarily participating in such activities at the retreat and assume all risks associated with my participation.

_____

Your signature

Suggested donation: $20 per person upon arrival. Check is payable to Women's Respite Program.

Please also complete the confidential health form.
Return this application and the health form by (_____) to
The Women's Respite Program
1301 Ferry Ave
Niagara Falls, NY 14301
Or you can email to womensrespite@yahoo.com

You are welcome to call with questions: 716/893-0931

You will be notified in the mail after the deadline regarding your acceptance into the program.