



Stepping Out on Saturday Manitoba (S.O.S. MB)

Friendships Start Here

Winnipeg Program Application

Rehabilitation Centre for Children
633 Wellington Cres. Winnipeg MB R3M0A8
Telephone: (204) 235-8874 Fax (204) 477-5547

Application Date:			
Name of Agency involved with child/family:			
Child's Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date:	Month:	Day: Year:	
<input type="checkbox"/> Parents <input type="checkbox"/> Foster Family <input type="checkbox"/> Kinship Home	Mother:		Father
	Home phone:		Home phone:
	Other: Work/cell		Other: work/cell:
	Email:		Email:
Home/Mailing Address:			
City:		Postal Code:	
If this child is in foster care, please fill out this section:			
Legal Guardian:		Phone:	Fax:
Agency Name and Address:			
Consent: I am in agreement with this application to the Stepping Out on Saturday MB. Day respite program. I understand that information about my child will be: <ul style="list-style-type: none">Recorded at program location/ provider for service coordination.Used in collecting non-identifiable data for provincial program evaluation.			
_____ Signature of Parent or Legal guardian		_____ Date	
For more information call : Jenny Soriano, S.O.S.MB Winnipeg Facilitator at (204) 235-8874 email: jsoriano@rccinc.ca Gina Kirchmann , Provincial S.O.S. MB Coordinator at (204) 235-8874 gkirchmann@rccinc.ca			
Applications can be faxed or mailed to the Rehabilitation Centre for Children Attn. S.O.S MB			