



2016 Rocky River Kiwanis Special Pirates Respite Program

Children with special needs, ages 10 to 18 years are invited to spend an hour of fun with their local Rocky River Kiwanian. The Respite Program will take place at Memorial Hall - 21016 Hilliard Blvd. in Rocky River, every 4th Monday of every month at 6:45 PM.

OUR GOAL:

To provide respite care to families in the City of Rocky River who have special-needs children, ages 10 to 18 years. Our objectives are:

- To provide respite care every 4th Monday of every month at 6:45PM. We can take up to 8 children at this time.
- Families and/or caretakers of special-needs children may use our services to enjoy a period of rest / relaxation, attend to the responsibilities of daily living.
- Respite care will allow the special-needs child to develop ongoing relationships and trust outside the family unit with a Key Clubber from Rocky River High School and Rocky River Kiwanian.
- Our objective is to increase community awareness and acceptance of children with special needs.

Kiwanis International is a global organization of members dedicated to serving the children of the world. Kiwanis and its family of clubs—nearly 600,000 members strong—annually raise more than \$100 million and dedicate more than 18 million volunteer hours to strengthen communities and serve children.

We invite you to join us and get involved in changing the
"world, one child (pirate) and one community at a time!"



Rocky River Kiwanis Special Pirates Respite Program



Student: _____
First Middle Last

Address: _____
Street Address

City State Zip

Home Phone: () _____

E-mail Address: _____

Date of Birth: _____ Current Grade: __ Gender: _____

Special Accommodations: _____

Parent's Name: _____

Cell Phone: () _____

Address if different from student:

Parent's Name: _____

Cell Phone: () _____

Allergies:

Indicate Legal Guardian: Both parents_____ Father____ Mother____ Other_____

Emergency Contact Other Than Parent/Guardian:

Name(s) _____

Relationship _____

Home Phone () _____

Cell Phone () _____

Work Phone () _____

Local School Information:

Special Education Teacher _____

Medical Treatment

I, the undersigned, hereby authorize the Rocky River Kiwanis Club member/representative to secure medical attention for _____
I will be notified as soon as possible after any emergency, accident, or hospital admission.

Signed _____

Date _____

Parent/Legal

Return completed application by February 19, 2016 to:

President Gjergj Haxhiu
2720 Pease Drive Unit 220
Rocky River, OH 44116
216-375-4835 or gjergj_haxhiu@sbcglobal.net

