

Respite Application

Located at 1500 E. Dewey Ave.

Mailing Address: 425 W. Wells. Blvd / Sapulpa OK 74066

Parent / Guardian: _____

Address: _____

Phone: (H) _____ (W) _____ (Other) _____

Name and date of birth of child(ren) with disability:

Type of disability: _____

School child(ren) attends: _____

Does the child take any medication(s) on a regular basis: _____

Name of medication(s): _____

Sibling's name and birthday if they will be attending:

Parent / Guardian Signature: _____

Date: _____