

Town of Stratford SENIOR ENGAGEMENT PROGRAMS

Stratford Grandparents Program	Myself and spouseMyself on behalf of my fam
Home Address E	Date of Birth DD/MM/YYYY) mail Address hone number Marital Status Married/Common in La Divorced Widowed
What are your spoken languages? What are your hobbies & interests? Do you (or any of your participating family members) have Do you (or any of your participating family members) have Please disclose if you (or any of your participating family mallergies. What is your availability (and/or your family's) to participating family mallergies. What are your expectations (and/or your family's expectations)	access to a car? Yes No an accessibility/disability concern? embers) have any dietary restrictions and/o



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Family Information

Please list each participating far	mily member's names, age, gender, intere	sts and spoken languages.
Spouse/Partner (if applicable):		
Child 1 (if applicable):		
Child 2 (if applicable):		
Child 3 (if applicable):		
, <u> </u>		
I acknowledge that all the info	ormation provided above are true and co	rrect and have not been
misrepresented in any way.		
Applicant (print name)	Applicant's signature	Date

Thank you for signing up for the program.

Please return application form to:

Town of Stratford, 234 Shakespeare Drive,

Stratford, PE C1B 2V8

or by email at jveera@townofstratford.ca

To verify if you have all the documents required for application, please visit our website at www.townofstratford.ca

Have you heard about Stratford Connects, the mobile app for seniors?

Designed to allow you to share your time, knowledge and skills, to find people with similar hobbies and interests, to help expand your social connections, and provide ways to give back to your community.

Download it today!

Available for both Android and Apple devices