

Breathe Respite Sibling Form
Holy Angels Church
18205 Chillicothe Road
Chagrin Falls, OH 44023
440-708-0000

**Please complete one form for every sibling attending. Return your completed forms to Holy Angels at least one week prior to the event for planning purposes. Thank you!

Child's Name: _____

Child's age: _____

Parent's name: _____

Parent contact number: _____

In order to help our volunteers get to know your child, please tell us about your child's likes/dislikes.

If your child has troubling separating from you, do you have any suggestions that would help ease this time?

We will have pizza, pretzels, fruit, water, juice, and a "sweet treat" available during Breathe. Does your child have any food allergies or eating concerns that we need to be aware of. (Note: Breathe is a peanut free event).

Please include any additional information to help your child have a fun and safe evening.