



**Ronald McDonald
Family Retreat**
at Krantz Cottage

Family Application

Parent / Guardian Information

First Name _____ Last Name _____
Date of Birth ___ / ___ / ___ Relationship to Patient _____
Street Address _____
City _____ State _____ Zip _____ County _____
Home Phone _____ Cell Phone _____
Email _____

First Name _____ Last Name _____
Date of Birth ___ / ___ / ___ Relationship to Patient _____
Street Address _____
City _____ State _____ Zip _____ County _____
Home Phone _____ Cell Phone _____
Email _____

Patient Information

First Name _____ Last Name _____
Date of Birth ___ / ___ / ___ Sex M F
Doctor's Name _____ Doctor's Phone # _____

Has the patient's family stayed at a Ronald McDonald House? Yes No

If yes, which location? _____

Who referred you to the Ronald McDonald Family Retreat: _____

Phone _____ Email _____

Additional Retreat Guests

First Name _____ Last Name _____
Date of Birth ___ / ___ / ___ Relationship to Patient _____

First Name _____ Last Name _____
Date of Birth ___ / ___ / ___ Relationship to Patient _____

First Name _____ Last Name _____
Date of Birth ___ / ___ / ___ Relationship to Patient _____

First Name _____ Last Name _____
Date of Birth ___ / ___ / ___ Relationship to Patient _____

Total # Adults _____ Total # Children _____ <i>(Please Include Applicant & Patient)</i>
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Visit Information

- Check-in is available Wednesday between 9:00 am and 5:00 pm.
- Checkout is Sunday by 9:00 pm.

Please indicate preferred time to use Ronald McDonald Family Retreat

- Spring (April / May / June)
- Summer (July / August)
- Fall (September / October / November)
- Winter (December – March)
- We are open to dates available

Do you or anyone in your family have any accessibility needs? Yes No

(Please specify, including need for adaptive technology, if applicable)

Do you or anyone in your family have any special requirements? Yes No

(Please specify and include dietary restrictions)

Please explain the intended purpose of your stay at the Family Retreat.

Complete and attach the following documents to the application:

- Ronald McDonald Family Retreat Guest Policy Agreement
- Confidential Infectious Disease Screen
- Ronald McDonald Family Retreat Guest Family Conditions of Stay Checklist

Please return completed application by mail or email to:

Family Retreat Intake Committee
intake@rmhcofalbany.org
RMHC of the Capital Region, Inc.,
139 South Lake Ave, Albany, NY 12208

RMHC® of the Capital Region operates the Ronald McDonald Family Retreat according to the mission of the chapter and program as indicated below. All services of RMHC CR programs are provided at no cost to families.

Mission of Ronald McDonald Family Retreat at Krantz Cottage

The Ronald McDonald Family Retreat provides a peaceful, supportive setting where families experiencing serious childhood illness can enjoy being together, making lasting memories.

Diversity, Equity, & Inclusion Policy

It is the policy of Ronald McDonald House Charities® of the Capital Region (RMHC CR) and its programs to actively and intentionally embrace the diversity of its stakeholders, including and not limited to: all guest families and program beneficiaries, current and prospective volunteers, staff, supporters, and members of the community at large. RMHC CR treats its stakeholders fairly and with compassion, without regard to income or ability to pay, race, color, ethnic origin, national origin, religion, political affiliation, age, gender, sexual orientation, gender identification, disability or handicap, housing status, marital status, veteran status or any other group, status or characteristic protected by locally applicable laws and regulations.