



THE SUNBEAM HOME ♦ ♦ ♦ for Mentally Retarded Infants

PIETER & JOHANNA VOS

4 WILLOW ST. - WATERLOO, ONT.
PHONE SH 3-1110

APPLICATION FOR ADMISSION

Date Applied: Aug 15/65 Date of Admission: Aug 12/65

Referred to us by: CHILDREN'S AID SOCIETY OF METRO. TORONTO.

Patient's Name: [Redacted] 3.11
(surname) (given name) (sex) (age)

Date of Birth: [Redacted] Place of Birth: TORONTO Religion: P.R.O.T.

Address of Parents or Guardians: 33 CHARLES ST. E TORONTO.
If possible, state permanent address by which the parents (guardians) can be reached. Telephone (924-4646.)

Father's Name: [Redacted]

Mother's Maiden Name: [Redacted]

How many other children are at home? 2 Ages 10 1/2 + 7

Do parents own their own home? no Rent? 4.00 Board?

Place of Employment of Father: CADET CLEANERS.

How long employed? steadily In what capacity? TRUCK DRIVER.

Is the mother of the family working outside the home? no If so, where?

Two nearest relatives or guardians to be contacted if needed (state relationship):

1. Surname Given name Address Telephone

2. Surname Given name Address Telephone

Who will be responsible for payment for maintenance? C.A.S. METRO. TORONTO
Name and Address

Name and address of attending Physician

Agreed upon charge per month; [Redacted]

Witness: Signed: [Redacted]

KINDLY TYPEWRITE OR PRINT ALL INFORMATION

for C.A.S. Metro Toronto