

Request a Room



Information on the child

Name: _____ Date of Birth: _____
(dd/mm/yyyy)
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____

Diagnosis (please provide a confirmation letter from a healthcare professional):

Additional comments:

Information on parent or guardian

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Email Address: _____
Mobile Phone: _____ Work Phone: _____

How did you hear about us?

Please submit this form along with the confirmation letter from a healthcare professional to jguindon@espaceespoir.org. If your request is being considered, Julie Guindon will contact you to further discuss the matter prior to any action being taken. Please be advised that only families whose request is under consideration will be contacted.