



501 George Street, New Haven, CT 06511  
**Confidential Registration Form**  
Please Request Confirm 24 Hours in Advance

Date:

Date of Arrival:  Estimated length of stay:  day(s) No. of Guests:

Patient Name:  DOB:   
Last, First

Email Address:  Phone:

Street Address:  City/State/ZIP:

Guest Name:  Phone:  DOB:

Street Address:  City/State/ZIP:

Guest Name:  Phone:  DOB:

Street Address:  City/State/ZIP:

Guest Name:  Phone:  DOB:

Street Address:  City/State/ZIP:

In case of emergency notify:  Phone:

Referral Person:  Phone:

Doctor:  Hospital:  Phone:

Who can we contact to verify this information?

Reason for the treatment?

Has any family member been exposed to Chicken Pox in the past 21 days?

Are there any special situations that we need to be aware of regarding family members staying at the Ronald McDonald House?

Will the patient be staying here at the Ronald McDonald House?

**General information:**

1. A donation of \$15.00 per night, per family is suggested.
2. Regular check-in is 9 a.m. to 8 p.m.
3. The mission of the Ronald McDonald House of Connecticut is to provide a "home-away-from-home" primarily for the families of children who are being treated at nearby healthcare facilities.