



Hulitan Family & Community Services Society
Journeys of the Heart Program
Referral Form



Date Referred: _____

Referral Source: _____

Phone #: _____

Email Address: _____

Child(ren) Participating in Program (Age 2-5 years old)

Name:

Date of Birth:

Parent(s) or Caregiver(s) Attending Program

***please include relation to child ex. Mom**

Name:

Date of Birth:

Phone Number:

Other Family Members Attending Program:

Location

Ruth King Elementary School
2764 Jacklin Rd, Victoria, BC

Time Selection

☐ Monday/Wednesday Afternoons
1:00-3:30

☐ Tuesday/Thursday Mornings
9:30-12:00

Special Needs of the Family:

*Please fax your referral to 250-384-9467 or email it to Sarah McDonald at: smcdonald@hulitan.ca