Daycare Entry and/or Withdrawal Form



Renfrew County and District Health Unit

Name of Facility: ______ Date: _____

| Child's Name | | | Please Check One 🗹 | | Parent/Guardian's Name | | | |
|--------------|-----------|---------------|--------------------|----------------------|------------------------|-----------|-----------------|-----------------|
| First Name | Last Name | Date of Birth | New Attendee | Attendee Withdrew | First Name | Last Name | Mailing Address | Phone Number(s) |
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