Renfrew County and District Health Unit

Name of Facility: _____

Date: _____

ANNUAL Current Child Care Enrollment Report

Child's Name			Date of Birth (yyyy/mm/dd)	Parent/Guardian Name(s)		Mailing Address	Phone Number(s)
Legal Last Name	Legal First Name	Preferred Name (Last, First)		First Name	Last Name		

Please submit to Renfrew County and District Health Unit by mail at 141 Lake Street, Pembroke, ON K8A 5L8, or by fax to 613-735-3067