



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

CURRENT CHILD CARE ENROLLEMENT REPORT

Name of Facility : _____

Date : _____

Child Name (as it appears on health card)		Date of Birth (yyyy/mm/dd)	Parent/Guardian Name		Mailing Address	Phone Number(s)
Legal First Name	Legal Last Name		First Name	Last Name		

Please submit to Renfrew County and District Health Unit by fax at 613-735-3067 or immunization@rcdhu.com



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