

Release Form



Leeds, Grenville and Lanark District Health Unit
Department of Clinical Services

Daycare Registration Form

Please return form to: Brockville Office – 458 Laurier Blvd, Brockville, ON K6V 7A3 or
Fax to 613 345-7038

For Inquiries call 1800-660-5853 or 613 345-5685 ext. 2268 or 2364

CHILD INFORMATION:

SURNAME: _____ GIVEN NAME: _____ SEX: _____

BIRTH DATE: ____ - ____ - ____ OHCN: ____ - ____ - ____
Y M D (Ontario Health Card Number)

DAY CARE FACILITY: _____

PREVIOUS NURSERY OR DAYCARE ATTENDED IN LGL AREA: _____

PARENT/GUARDIAN INFORMATION:

SURNAME: _____ FIRST NAME: _____

RELATION TO CHILD: _____

STREET ADDRESS: _____

PO BOX: _____ APT #: _____

TOWN/CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

DOCTOR & TELEPHONE NUMBER: _____

**PLEASE COMPLETE BOTH BOXES AND ENSURE THE CHILD'S NAME AND
DAYCARE FACILITY ARE ON THE PHOTOCOPY OF THE IMMUNIZATION RECORD
YOU ATTACH TO THIS FORM**