

## 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: _____ Y      M      D	OHCN: _____ (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**