



Lanark Community Programs

A Part of Lanark Renfrew Health & Community Services

30 Bennett Street
Carleton Place, Ontario
K7C 4J9



INFANT AND CHILD DEVELOPMENT PROGRAM

REFERRAL AND INTAKE INFORMATION

Child: _____ Male Female Date of Birth: _____
(D/ M/ Y)

Parent/Guardian: _____

Address: _____

Phone: Home: _____ Work: _____ Other: _____

Directions to home: _____

Reason for Referral: Include other involved services/agencies, medical precautions, recommendations from referring source
