

Huron County Children's Services 77722D London Road, RR 5 Clinton, ON NOM 1L0

Phone: 519.482.8505 OR Toll-free 1.888.371.5718

Fax: 519.482.5710

Signature

Growing Together Resource Program REFERRAL

DD/MM/YYYY

COUNT	Y Web: www.huroncounty.ca/childrens-services	DD/MM/YYYY
Child's Informati	ion:	
First Name	Last Name	Birthdate
Address	Tow	vn Postal Code
Parent/Guardiar	n Contact Information:	
Parent/Guardian's Nar	me	Home Phone #
Cell Phone	Email Address	
Home Address (only	if different than child's)	
Address	Tow	n Postal Code
Can parent be contacte	ed at work? YES NO Work Phone #	Best time to contact
Parent/Guardia	n Contact Information:	
Parent/Guardian's Nar	me	Home Phone #
Cell Phone	Email Address	
Home Address (only i	if different than child's)	
Address	Towr	Postal Code
Can parent be contacted	ed at work? YES NO Work Phone #	Best time to contact
Language(s) spoken in t	the home	
Does this child attend/p	plan to attend a child care centre?	
Reason for Referral/His (attach additional info i		
Referrer Informa	ation:	
Referral Source		Phone Number
Has parent/guardian co	onsented to the referral? \square YES \square NO	
		Date