

Community Development Council of Quinte

65 Station St., Belleville, Ontario

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GOOD BABY BOX REGISTRATION FORM

Please Print	
NAME:	DATE:
PHONE NUMBER:	
NAME OF REGISTERED CHILD:	
DATE OF BIRTH:	
I understand that the CDC will:	
 ensure the safe storage of pri 	ivate information electronically and/or on-site.
 shred any documents contain 	ing personal information when no longer required
•	tion without the expressed written consent of its s, employees or partners, as appropriate, except
Signature:	
CDC Representative:	