



- Bracebridge Children's Place
- Gravenhurst Children's Place
- BPS Children's Place
- _____ B/ASP
- _____ OEY Program

Child Care Feedback Form

Date: _____

Comment/Suggestion: _____

Name: _____

Home Phone: _____

Other Phone: _____

Client Response Form

Thank you for contacting us regarding your concerns. Please feel free to contact us at any time if you require any additional information regarding this issue.

Name of Client: _____

Concern Raised: _____

Action Required: _____

Response and Follow Up: _____

Date _____ Signature _____