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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name:** |  | | | | | | | **Date:** | **Class List** | |
| **Supervisor:** | yyyy/mm/dd | | | | | | | | | |
| **Site Address and Phone:** | | |  | | | | | | | |
| The Day Nursery class list is to be created in alphabetical order according to last name of each child. The current class list is to be provided to the Simcoe Muskoka District Health Unit **twice a year** in **October** and **February**.  Completed forms are to be delivered to your local health unit office for interoffice mail distribution or mailed to: Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie, ON L4M 6K9. | | | | | | | | | | |
| **Child’s Last**  **Name** | | **Child’s First**  **Name** | | **D.O.B**  yyyy/mm/dd | **Parent’s Last**  **Name** | **Parent’s First**  **Name** | **Mailing Address and Postal Code** | | | **Phone**  **Number** |
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**For Health Unit Use only:** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_