

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_  
yyyy/mm/dd

Site Address & Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Email Address: \_\_\_\_\_

This list is for students attending **All Day Child Care**. The **All Day** Child Care class list is to be created in **alphabetical order** according to last name of each child. The completed Class list, with **current** Child Care Immunization History forms and immunization records are to be delivered **yearly by September 30th** to your local health unit office or sent via courier to: Simcoe Muskoka District Health Unit, **Attention: VPD Child Care Surveillance, 2-5 Pineridge Gate, Gravenhurst, ON P1P 1Z3**. Provide a separate class list for those attending School Age Child Care.

Child's Legal Last Name	Child's Legal First Name	D.O.B. yyyy/mm/dd	Parent's Last Name	Parent's First Name	Mailing Address and Postal Code	Phone Number

**For Health Unit Use Only:**      Date Received: \_\_\_\_\_      # of Children: \_\_\_\_\_      # of Child Care Immunization History Forms: \_\_\_\_\_      # of Immunization Records: \_\_\_\_\_  
 Panorama Cohort ID: \_\_\_\_\_      Date Entered: \_\_\_\_\_      Entered By: \_\_\_\_\_      2016-08