

Facility Name: _____

Date: _____
yyyy/mm/dd

Site Address & Phone: _____

Supervisor: _____

Email Address: _____

This list is for students attending **School Age Child Care**. The **School Age** Child Care class list is to be created in **alphabetical order** according to last name of each child. The completed Class List is 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**

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: _____ Panorama Cohort ID: _____ # of Children: _____ Date Entered: _____ Entered By: _____