

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 submitted annually **by October 31st** 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