

Facility Name: _____

Date: _____
yyyy/mm/dd

Site Address & Phone: _____

Supervisor: _____

Email Address: _____

This list is for students attending **Full Day Child Care**. The **Full 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 October 31st** to your local health unit office or sent via courier to: Simcoe Muskoka District Health Unit, **Attention: Immunization - Child Care Surveillance, 15 Sperling Drive, Barrie, ON, L4M 6K9**. 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: _____