

Child Care/Nursery School Monthly Report Form

Completed form due on the 10th day of each and every month

(e.g., Monthly Report Form for May, due by June 10)

Return completed form by fax or mail to:

Niagara Region Public Health, Attention: Vaccine Preventable Disease Program

Fax: 905-688-8225 ~ Mailing Address: P. O. Box 1052, Station Main, Thorold, Ontario L2V 0A2

Facility:	Contact Name:				
Phone:	Total Enrolment:	Licensed Capacity:			
Date:	Any changes/updates? Y	⁄es	No		

If new admission, please attach:

- 1. a completed, legible copy of the Child Care Health Information Form; and,
- 2. a legible copy of the child's Immunization Record (yellow card) OR a valid exemption form.

Child's Last Name	Child's First Name	Gender	Child's Date of Birth (yy/mm/dd)	New Admission	Left Child Care Centre/Nursery School

Revised: July 2013

For more information, please contact: