EOHU Eastern Ontario Health Unit BSEO Bureau de santé de l'est de l'Ontario

CHILD CARE FACILITY ENROLMENT LIST

Return completed form by fax at 613-446-1454, or via an encrypted email to ccc@eohu.ca.

Date Completed (YYYY/MM/DD): _____

Name of Child Care Facility: _____ Location: _____

Child's Last Name	Child's First Name	Sex (M or F)	DOB (YYYY/MM/DD)	Health Card Number