

Annual Enrolment Form

| Day Care Name: | Date: |
|-----------------|---------------|
| Contact Person: | Phone Number: |
| Address: | Fax Number: |
| Email: | |
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Annual reporting to the health unit October 31st of each year.

| Surname | Given Name | Sex M/F | Date of Birth Y/M/D | Telephone # |
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Created May 2017