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

MONTHLY UPDATE ENROLMENT REPORT

Please update enrolment report monthly and return by fax at 613-446-1454, or via encrypted email to ccc@eohu.ca.

Please forward any updated immunization records for current enrollees.

Date Completed (YYYY/MM/DD): _____

Name of Daycare: _____ Location: _____

NEW ENROLLEES				
Last Name	**First Name**	**DOB (YYYY/MM/DD)**	**Enrolment Intake Attached**	**Immunization Record Attached**
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NO LONGER AT DAYCARE		
Last Name	**First Name**	**DOB (YYYY/MM/DD)**

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