

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
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

NO LONGER AT DAYCARE		
Last Name	First Name	DOB (YYYY/MM/DD)

