

ENROLMENT INTAKE FORM

Dear Parent(s) or Guardian(s):

Your child is entering a child care facility in the Eastern Ontario Health Unit jurisdiction. The *Child Care and Early Years Act 2014* stipulates that **all children** must be appropriately immunized according to the requirements of the Medical Officer of Health **before** entering a child care facility in Ontario. Please fill out the form below, and return it to the child care facility along with a copy of your child's immunization record. The child care facility will forward the information to the Eastern Ontario Health Unit.

We rely on you as a parent or guardian to ensure that your child's immunization is up to date. Following the recommended Ontario Immunization Schedule is important in preventing potentially harmful diseases such as diphtheria, pertussis (whooping cough), tetanus, polio, haemophilus influenza type b, measles, mumps, rubella, meningitis, pneumococcal infections, varicella, and rotavirus. If they are not immunized, children in group settings such as daycares and schools are even more at risk of contracting such diseases.

Date (YYYY/MM/DD): _____

Daycare and city: _____

Child's last name: _____ First name: _____

Gender: M F Date of birth (YYYY/MM/DD): _____

Ontario Health Card number: _____

Parent/guardian: _____

Telephone home: _____ Telephone work: _____

Address: _____ Unit #: _____ P.O. Box: _____

City: _____ Province: _____ Postal code: _____

Personal information is being collected under the authority of the *Health Protection and Promotion Act, R.S.O. 1990* (as amended) and the *Child Care and Early Years Act, 2014*. This information shall be used for the administration of public health programs. Questions regarding the collection of this information may be directed to the Manager, Vaccine Preventable Diseases, Eastern Ontario Health Unit, 1000 Pitt Street, Cornwall, Ontario K6J 5T1 or by telephone at 613-933-1375 or 1 800 267-7120.

