

Date: \_\_\_\_\_

Child's Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Immunization Information

The CHILD CARE AND EARLY YEARS ACT (CCEYA) requires that you provide your child's immunization history before admission to a licensed Child Care Centre and that you ensure that his/her immunization is updated to meet the requirement of the Medical Officer of Health. Please provide a photocopy of your child's immunization record.

Does your child have a known health problem?       YES       NO

If yes, please specify: \_\_\_\_\_

Please indicate if your child has any restrictions regarding diet, rest and exercise

\_\_\_\_\_

\_\_\_\_\_

Please indicate if your child has any communicable diseases

Specify	Date of Illness

Parent Signature \_\_\_\_\_

**ATTACH A PHOTOCOPY OF CURRENT IMMUNIZATION RECORD**