North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

Child Care Registration Form

In order for an assessment of your child's immunization record to be completed, please complete **all** information in section 1 below and **attach a photocopy of your child's immunization record to this form** (ensuring child's name, date of birth, and health card number are on all pages of the copied immunization record). If you do not have a complete copy of your child's immunization record, you may need to contact your family doctor to obtain one. Your doctor does not always send this information to us. We may be able to help locate your child's immunization record. If your child has received all of their immunizations at the Health Unit offices, you do not need to submit a copy of their record, it will be in our database.

Please note that incomplete registration forms **will not** be processed by the Health Unit. Incomplete forms will be returned to the Child Care Facility and a complete form must be resubmitted for assessment. The health unit will not keep a copy of incomplete forms.

In order to comply with the Child Care and Early Years Act requirements related to the immunization status of children who attend a regulated child care facility, the Health Unit will assess your child's immunization status and will complete section 2 of this form and return it to the Child Care Facility.

Completed registration forms will be assessed within 5 business days of submission to the Health Unit.

This form along with a copy of your child's complete immunization record can be submitted in one of 3 ways:

1. Mail / drop off at: North Bay Parry Sound District Health Unit
   681 Commercial Street, North Bay, ON P1B 4E7
   Attention: VPD Program
2. Fax the form to: 705-474-9399
3. Scan and email to: vpd@nbpsdhu.ca

SECTION 1

Name of child care facility _____

Child's Name _____ Date of Birth _____ Sex ☐M ☐F
First Name Last Name(s) YYYY/MM/DD

Address _____

P.O. Box _____ R.R. # _____ Site _____ Apt. # _____

City/Town _____ Prov. _____ Postal Code _____

Parent/Guardian's Name(s)_____

Home # _____ Work # _____ Cell # _____

Child's Health Card Number _____

Family Doctor's / Health Care Provider's Name: _____

Section 2 - For Health Unit Use Only

☐ Immunization record up to date
☐ Appropriate documentation on file
☐ Immunization record NOT up to date

Signature of Nurse _____ Date & Time _____
YYYY/MM/DD

Implemented January 16th, 2017