



GOVERNMENT OF BERMUDA  
**Department of Health**

Classroom#/Name: \_\_\_\_\_

Staff Responsible: \_\_\_\_\_

Assistant Responsible: \_\_\_\_\_

Age of the youngest child enrolled in this classroom: \_\_\_\_\_

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

	<b>Child's Name:</b>	<b>Child's DOB:</b>	<b>Attendance (P/T or F/T)</b>	<b>Days/Time*</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

- For part-time students identify the days and times they attend the school



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**Note:**

1. Multi-age group situations are allowed, but the staff/child ratio for the youngest child in the group shall be maintained for the group.
2. Centres can choose to meet lower ratios than the law requires

\*A form must be completed for each class at the day care centre where staff have changed since the last notification to the Child Care Regulation Programme.