



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

DAY CARE PROVIDER CLOSURE NOTIFICATION

The information below will confirm you are closing your business as a Day Care Provider as per Section 76 of the Children Act 1998. Please complete and send to childcare@gov.bm or Child Care Regulation Programme, Ministry of Health, Continental Building, 25 Church Street, Hamilton, HM 12.

Section A: *Personal Information* – **PLEASE PRINT IN BLUE INK**

Business Name:	Provider Name:				
		First	Middle	Last	
Physical Address:					
	House name	No.	Street	Parish	Postcode
Mailing Address:					
(if different from above)					
		No.	Street	Parish	Postcode
Telephone:		Cellular:			
E-mail:		Closing Date (d/m/yr):			

PATl disclaimer: This correspondence and any response thereof is subject to public disclosure under the Public Access to Information Act 2010. Most exempt records may be disclosed if it is in the public interest (s.21). Personal information, such as names and personal details of service users, patients, complaints, children and vulnerable adults, is exempt from disclosure (s.23). Information of people receiving discretionary benefit such as a licence is not personal information and can be disclosed (s.24 (1)). Commercial information and information received in confidence may be disclosed if it is in the public interest (s.25&s. 26).

Declaration Statement:

By my signature :

I agree the information in this application and the information in any required or following documentation is true and accurate to the best of my knowledge. I understand that false statements may result in the denial or removal of my registration.

I agree to notify the Child Care Regulation Programme of any changes to the information provided in this closure notification form.

Printed Name:

Date:

Signature: