



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 Quality Assurance 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:	Other:	

E-mail:

Section B: *Closure Information*

Date for closure:	(Day/Month/Year)
-------------------	------------------

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 Department of Health of any changes to the information provided in this closure notification form.

Printed Name:

Signature:

Date: