



GOVERNMENT OF BERMUDA

**Department of Health****DAY CARE CENTRE CLOSURE NOTIFICATION**

The information below will confirm you are closing your business as a Day Care Centre as per Section 68 of the Children Act 1998.

**Section A: Personal Information**

Day Care Centre Name:

Operator/Owner's Name:

First

Middle

Last

Physical Address:

No.

Street

Parish

Postcode

Mailing Address:

(if different from above)

No.

Street

Parish

Postcode

Telephone:

Cellular:

E-mail Address:

**Section B: Closure Information**

Reason for closure: \_\_\_\_\_

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Plan for relocating children/notifying family: \_\_\_\_\_

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**Staff Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Closure Date: \_\_\_\_\_  
(dd/mm/yyyy)

### Section C: 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 Department of Health of any changes to the information provided in this closure notification form.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(dd/mm/yyyy)