



**Registration of Childcare or Early Childhood Programs for Novel
H1N1 Vaccine**

Facility name:

Facility address:

Facility city:

Facility zip code:

Facility phone:

Facility fax :

Manager/Director name:

Manager/Director email:

Number of Facility staff members:

Number of Facility staff members caring for children **< 6 months** of age:

Number of currently enrolled children **> 6 months – 5 years** of age:

Number of currently enrolled children **> 5 years** of age:

Number of children attending a day program at a Howard County Public School:

Number of parents having limited English proficiency:

Number of these parents having a language preference for **Spanish**:

Number of these parents having a language preference for **Korean**: