

Joshua 1:9 Learning Center, Inc.

901 Wilson Road, Humble, Texas 77338 (281) 354-4001 fax (281) 354-3039



Health Statement Requirements

Child's Name:	Date of Birth:
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If your child attends Private School at Joshua 1:9 Learning Center, Inc., one of the following **must** be presented when your child's Enrollment Paperwork is submitted:

Please check only one option:

1. ☐ HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he or she is able to take part in our private preschool.

Health Care Professional's Signature

Date Signed:

Physician Stamp or Printed Name and Address of the Health Care Professional:

2. ☐ A signed and dated copy of a health professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

Signature of Parent:

Date Signed: