

Return within one (1) week of admission



The Cartwright School

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THE CARTWRIGHT SCHOOL

Health-Care Professional's Statement

Child's Name _____ Date of Birth _____

I have examined the above-named child within the past year and found that he/she is in good health and is able to participate in a daycare/preschool program. *

Health Care Professional's Signature

Date

*Texas Department of Health and Human Services Licensing Division and the Minimum Standards for Licensed Child Care Centers require that children have a statement indicating that children are able to participate in the daily scheduled activities, including indoor and outdoor play (when weather permits).