



## ADMISSION REQUIREMENT

**CHILD NAME:** \_\_\_\_\_

### ADMISSION REQUIREMENT

One of the following must be presented when your child (under the age of 5 years) is admitted to the childcare facility or within one week of admission.

Check to indicate the option you select:

1.-  **Health Care Professional Statement:**

I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

\_\_\_\_\_  
*Physician's Signature* *Date*

2.-  A signed and dated copy of a health care professional statement is attached.

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

4.-  **PARENT'S STATEMENT:** My child has been examined within the past year by licensed physician and is able to participate in the day care program.

Within the next 12 months, I will obtain a health care professional's signed statement and submit it to the childcare operation.

Name of Health Professional: \_\_\_\_\_

Address of Health Professional: \_\_\_\_\_

\_\_\_\_\_  
*Signature Parent or Legal Guardian* *Date*

### SCHOOL AGE CHILDREN

My son attends the following school:

School name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

CHECK ALL THAT APPLY:

His/her Immunization record is on file at the school and all required. Vision and hearing screening records are also on file.

My child has permission to ride a bus

My child has permission to walk to or from school.

\_\_\_\_\_  
Signature – Parent or legal guardian Date