## **ADMISSION INFORMATION**

Aug 🕹

SCHOOL AGE CHILDREN: My child attends the following		,				
Name of School and Address School Ph.#						
CHECK ALL THAT APPLY:					. ochoo Pr.	# -
His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.			My ch	ild has permission to:	walk to or from scho	are of his/her
Name of sibling(s):					awang(a) ander 10 j	rears Ord.
IMMUNIZATION RECORD:						
☐ I have provided the childcare operation with a copy of my child's most current immunization record.						
ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.  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 / she is able to take part in the day care program.						
Health Care Professional's Signature Date  2.  A signed and dated copy of a health care 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.						
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program.  Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.  Name and address of health care professional:						
Signature - Parent or Legal Guardian Date						
			L 20/		☐ PASS	☐ FAIL.
SIGNATURE		DATE				
AFEAGNAS	1000 Hz	2000	łz	4000 Hz		
R L					☐ PASS	☐ FAIL
SIGNATURE			DATE			
Signature Parent or Legal Guardian Date						