ADMISSION INFORMATION

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His / her immunization recor		nd Address			School Ph.#				
His / her immunization recor									
required immunizations and/				CHECK ALL THAT APPLY:					
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. Name of sibling(s): My child has permission to: walk to or from school or hor in the care of his sibling(s) under 18 years old									
IMMUNIZATION RECORD:									
☐ I have provided the childcare	operation with a copy of	of my child's	most curre	ent immunization rec	ord.				
ADMISSION REQUIREMENT: If y following must be presented when Please check only one option: 1. HEALTH-CARE PROFESSIO able to take part in the day	your child is admitted to NAL'S STATEMENT: I h	the child-care	operation	or within one week of	ild-care operation, one of the admission. ne past year and find that he / she is				
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									
VISION	R 20/		L 20/		☐ PASS ☐ FAIL				
SIGNATURE		DATE							
HEARING	1000 Hz	2000	Hz	4000 Hz					
R					☐ PASS ☐ FAIL				
<u> </u>			<u> </u>	2					
SIGNATURE			DATE _						