

Day Care Admission Requirement for Pre-School Age Children

In order for your child to be admitted to day care, one of the following must be checked. Please sign and date below.

Child's Name: _____ Date of Birth: _____

____ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.

Name and Address of Physician

WITHIN THE NEXT 12 MONTHS, I WILL OBTAIN A PHYSICIAN'S STATEMENT AND WILL SUBMIT IT TO THE DAY CARE. (See below)

____ Doctor's 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

Signature – Parent or Legal Guardian

Date