



HEALTH REQUIREMENTS PRE-K

A copy of an immunization record that is up to date with state mandates is required. We will accept an affidavit from the state, but we must have the original copy, they are valid for two years. If you have an affidavit on file for your child, please refer to the parent handbook for requirements should there be any outbreak of an illness that is covered by state mandated vaccinations.

ADMISSION REQUIREMENT FOR ALL STUDENTS:

Child's Name: _____ DOB: _____

Physician's Statement

I have examined the above-named child within the past year and find that he/she is physically able to attend Children's Day Preschool.

Food Allergies: ___ No food allergy is present currently. ___ Diagnosed food allergy, see Emergency Plan.

Hearing and Vision Screening: All children 4 years old by September 1st of the current school year are required by the State of Texas Minimum Standards to have vision and hearing screening. Please have your physician complete the following form to verify that the screening has been completed.

VISION		R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
			DATE: _____	
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
			DATE: _____	

Physician's Signature

Date

Physician's Printed Name

Physician's Phone Number