



Health Statement

My child has been examined within the past year by a health care professional and is able to participate in the day care program. My child is current on vision and hearing test and all required immunizations. Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the child care operation.

Name of health care professional

Address and phone number of health care professional

_____ My child is of school age and all records are on file at their school.

School Name & Address: _____

_____ My child is not school age and will provide all required documentations at time of enrollment.

Name of Child

Date of Birth

Signature of Parent or Guardian

Date

Signature of Staff

Date

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