



Child's Name: _____

Date of Birth: _____

The following documents are required to be completed before your child's enrollment.

Healthcare Professional Statement:

I have examined the above-named child within the past 12 months and find that he/she is physically able to take part in the child care program.

Healthcare Professional's Signature

Date

Immunization Requirements:

- A copy of my child's immunization record is attached.
- I am excluding my child from the immunization requirement for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of the State Health Services. I understand that this affidavit is valid for 2 years and must be resubmitted every 2 years.

Hearing and Vision Screening:

A hearing and vision screening must be on file for every child 4 years old and older.

- I have attached my child's hearing and vision screening.
- My child will not be 4 until: _____.
- My school age child's hearing and vision screening is on file at their elementary school.