



130 N. Coit Road Prosper, Texas 75078

Health Requirements

Child's Name _____ Date of Birth _____

I. Admission requirement (check one):

_____ 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 child care program.

Doctor's signature

____/____/____
date

_____ Parent's Statement—My child has been examined by a doctor within the past year and I will provide a doctor's statement within twelve months of enrollment that states my child is physically able to take part in the child care program.

Parent's signature

____/____/____
date

_____ My child attends public school.

II. Immunizations (check one):

_____ Child's shot record is attached.

_____ My child attends public school.

His/her shot records are on file at _____.

His/her Vision & Hearing results are on file at _____.

I, _____, request this information be released to Kids R Kids of Prosper.

Parent's signature _____ Date _____