



Admission Requirement

The following must be signed by your child's Physician and presented when your preschool age child is admitted to Kids 'R' Kids of The Woodlands.

Child's Full Name _____ D.O.B. _____

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 at Kids 'R' Kids of The Woodlands at this time.

Doctor's Signature

Please use Physician's Office Stamp or Fill out Physicians Office's information below.

Facility Name

Facility Address

Facility Phone Number