



Kids R Kids

Main Street Campus
2660 Main St.
Frisco, TX 75033
Phone: 972-712-7332
Fax: 972-712-7342

Legacy West Campus
5365 Lebanon Rd.
Frisco, TX 75034
Phone: 469-287-3185
Fax: 469-287-3022

Child's Name: _____

Birthdate: _____

HEALTH INFORMATION

INFANTS THROUGH PRE-K ONLY*

To be completed by child's physician:

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

Physician's Name: _____

Street: _____

City: _____ Zip: _____

Phone Number: _____

Physician's Signature: _____

Status Of:
Vision: _____
Hearing: _____

Date: _____

Please check box below if the above information is not completed by physician:

- My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) week of admission, I will obtain a health care professional's signed statement and will submit it to the school my child attends.

I understand that Kids R Kids is required to have a copy of my child's updated shot records and a copy must be turned in with enrollment package (or within 48 hours of my child's start date). I also understand that if my child's shot records are not up to date, I will be sure my child receives the appropriate immunizations within the time frame set by the school my child attends.

Parent's/Guardian's Signature: _____

Date: _____

*SCHOOL AGE CHILDREN PLEASE COMPLETE "SCHOOL RECORD SIGN-OFF" FORM