

Serendipity Learning Center Enrollment Record

Health Form

ADMISSION REQUIREMENT:

Child's Name: _____ Birth Date: _____

If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or **within one week of admission.**

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ Date
Health Care Professional's Signature

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ Date
Signature - Parent or Legal Guardian

Health and/or Allergy Declarations:

Please list any health concern your child may have (such as allergies, existing illness, previous illness, injuries or hospitalizations during the past 12 months which could affect their current health.

Known Allergy:

minor reaction mild reaction severe reaction
Explain Reaction:

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SLC Mgmt Signature: _____ Date: _____