

**Serendipity Learning Center Enrollment Record**  
**Health Form**      Fax # (512) 401-0801

**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.

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: \_\_\_\_\_