



19020 Windsor Pointe Drive Tomball, TX 77375 Tel (281)357.5252 Fax (281)357.5353

Admission Requirement

Child's Name: _____ Birth Date: ____/____/____

To be filled out by child's doctor only

Does the child have allergies? (Food, medication, insects, etc.) _____ Yes _____ No

Does the child have physical, mental, or developmental limitations which restrict the child's participation in the center's program and activities? _____

If on any medications please list medications for chronic medical conditions and side effects of medications on a separate sheet of paper.

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 childcare program.

Doctor's Signature: _____ Date: _____ Tel: _____

Doctor's Name (Print): _____ Address: _____

Immunization	Date: 1 st Dose	Date: 2 nd Dose	Date: 3 rd Dose	Date: Booster	Date: 2 nd Booster
DPT/Td					
Polio					
HibCV					
Hepatitis B					
Pneumococcal					
MMR#1	MMR#2				
Hepatitis A					
Measles Date of Illness:	Mumps Date of Illness:		Chicken Pox Date of Illness or Varicella:		

Hearing Screening Date _____

Vision Screening Date _____

Print Name of staff making handwritten copy of record _____ Signature _____ Date _____

Parent's Signature: _____	Date: _____
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