



Health Record _____
Child's Name

****You must provide a copy of your child's immunization records at the time of enrollment**

IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: 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.

Health Care Professional's Signature

Date

2. My child has been examined 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 signed statement and submit it to the child care operation.

Parent Signature

Date