

Kids of the Kingdom Preschool

1803 Hwy 1431 W, Marble Falls, Texas 78654, 830-693-2253

Program Hours 8:30am - 11:30am, Monday and Wednesday

HEALTH FORM

Date: _____

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

I. Statement of Health

One of the two options below must be presented on the first day your child begins Kids of the Kingdom Preschool, or within one week of admission. Check to indicate the option you select:

HEALTH-CARE PROFESSIONAL'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 preschool program.

Health Care Professional's Signature

Date

A form or written statement from a health service or clinic. (please attach to this form)

II. Immunization Record

Attached is a copy of my child's up to date immunization record.

I will provide a copy of my child's up to date immunization record within one week, or a statement from my child's physician regarding the status of my child's immunizations.

Signature – Parent or Legal Guardian

Date

If you do not have any of the above:

PARENT'S STATEMENT:

My child has been examined within the past year by a health care professional and is able to participate in the preschool program:
Name and address of health care professional:

My child has an appointment for a physical examination on:

Date: _____

Name and address of health care professional (if different from above) : _____

I will submit the statement, from a health care professional to Kids of the Kingdom Preschool following the examination.

Signature – Parent or Legal Guardian

Date

Jesus said, "Let the little children come to me, and do not stop them; for it is to such as these that the kingdom of heaven belongs." Mark 10:14

Office Use Only

Date Received