



The Children's Ark Christian Day School
3701 W. Spring Creek Pkwy, Plano, TX 75023
972-491-0844

Child's Name _____

HEALTH INFORMATION
INFANTS THROUGH PRE-K ONLY

TO BE FILLED OUT BY CHILD'S PHYSICIAN

I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

Physician's Name _____

Street: _____

City _____ Zip _____

Phone Number _____

Physician's Signature _____ Date _____

Status of:
Vision: _____
Hearing: _____

TO BE FILLED OUT BY CHILD'S GUARDIAN (to fulfill requirements until the above box is signed)

My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) month of admission, I will obtain a health care professional's signed statement and will submit it to The Children's Ark.

Parent/Guardian's Signature _____ Date _____

I understand that The Children's Ark is required to have a copy of my child's updated shot records. A copy must be turned in with this enrollment package (or within 48 hours of my child's start date). I also understand that if my child's shot records are not up to date, I will be sure my child received the appropriate immunizations within the time frame set by The Children's Ark.

Signature of Parent or Guardian _____ Date _____

SCHOOL AGE CHILDREN ONLY

My child, _____, has a current immunization record and vision and hearing screening record on file at the following elementary school:

Name of School _____

Address of School _____

Phone # of School _____

Signature of Parent or Guardian _____ Date _____