

**THE HEIGHTS CHILD DEVELOPMENT CENTER
HEALTH STATEMENT ADMISSION REQUIREMENT**

Child's Name: _____ Date of Birth: _____ Today's Date: _____

STATEMENT OF HEALTH REQUIREMENT

*One of the following must be presented when your child is admitted to the CDC program.
Please check the one method in which your child's statement is being submitted.*

- ☐ A PHYSICIAN'S STATEMENT *with signature* is attached.
- ☐ AFFIDAVIT: stating that medical diagnosis and treatment conflict with the tenants 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.*
Parent's Initials: _____
- ☐ PARENT STATEMENT: _____ has been examined by _____ within the
(Child's Name)(Physician's Name)
past year and found that he/she is physically able to take part in the preschool program.

(Name of Physician's Practice)

(Physician's Address, City, & State)

(Physician's Phone Number)

I understand that it is my responsibility as the child's parent/guardian to submit a signed physician's statement within 12 months of my child's enrollment date.

Parent Signature

Date

***** This is a one-time requirement. *****

*A new Statement of Health does not need to be provided for children
who attended The Heights CDC in the preceding school year.*