THE HEIGHTS CHILD DEVELOPMENT CENTER

HEARING & VISION REQUIREMENTS

2026-2027 School Year

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

4 & 5 YEAR OLDS ONLY AS OF SEPTEMBER 1ST

(Please check only one option)

[ ] I have attached a copy of the hearing and vision screening results for the above named child.
[ ] Results for the hearing and vision screening are as follows:

VISION: **R** 20/_____ **L** 20/_____ [ ] **PASS** [ ] **FAIL**

HEARING: **1000HZ** **2000HZ** **4000HZ**

R: _____/ _____/ _____ [ ] **PASS** [ ] **FAIL**

L: _____/ _____/ _____

_____ _____

PHYSICIAN SIGNATURE DATE