

Current immunization records for each child must be obtained and maintained. Each immunization record must include:

Child's Name: _____	Date of Birth: _____
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Admission Requirement:

Current immunization records for each child must be obtained and maintained. Each immunization record must include:

1. child's birth date;
2. number of doses and vaccine type;
3. rubber stamp or signature of the physician or health personnel or a machine or handwritten copy of the record.

Note: If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

A doctor's statement is required annually to insure the child is healthy and able to attend school. Please have your doctor complete and sign this statement.

_____ **DOCTOR'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 Clubhouse program.

Physician's Signature

Date

Vision and Hearing screening is required at 4. Your pediatrician will complete at their 4 year well check. If under 4 years old, this does not need to be completed.

Hearing Date: _____		Signature: _____	
Hz	1000	2000	4000
R			
L			
_____ Pass _____ Fail			
Vision Date: _____		Signature: _____	
R20		L20	
_____ Pass _____ Fail			

Parent Signature: _____ Date: _____

Crosspoint Clubhouse Fax: 972-562-9841