Kingdom Kids Preschool & Kindergarten
3018 N. Belt Line Road Sunnyvale, TX 75182 972/226-0526 ext. 131 972/226-0759 fax

Health Admission Requirements

*****MUST BE SIGNED BY YOUR PHYSICIAN*****

Child's name: _____ Date of Birth: _____

For additional information regarding immunizations, contact the Department of State Health Services at:
http://www.dshs.state.tx.us./immunize/school_info.htm

Immunization Requirements: (Check One)

[ ] Attached is a copy of the Immunization Records for the child listed above. I understand that it is my responsibility to bring updated records to the office throughout the year as immunizations are administered.

[ ] I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: "My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine". _____

Parent signature Date

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to the preschool program or within one week of admission.

1. [ ] A Doctor's statement is attached.

2. [ ] 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.

3. [ ] 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 preschool program.

_____ _____

Doctor's Signature Date

_____

Doctor's name/ Doctor' s address/ Doctor's phone number

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: _____/ _____/ _____

_____ _____

Doctor's Signature Date