



**Health Care Professional's Statement  
Admissions Requirement**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have examined the above-named child within the past year and find that he or she is able to take part in the preschool program.

\_\_\_\_\_  
Signature- Health Care Professional

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address of Health Care Clinic

Or

[ ] Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or am a member. I have attached a signed and dated affidavit stating this.

\_\_\_\_\_  
Signature- Parent or Legal Guardian

\_\_\_\_\_  
Date Signed