



First Friends Enrollment Form

FBC Prosper
Tasha Bradley, Director

HEALTH ADMISSION REQUIREMENTS

HEALTH STATEMENT: (Check One)

- Physician'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 daycare program.

_____ Health Professional's Signature

_____ Date

OR

- A signed and dated copy of a health care professional's statement is attached.

OR

- 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.

IMMUNIZATION REQUIREMENTS: (Check One)

- I have attached a copy of my child's Current Physician Immunization Record.
My child had Varicella disease (chickenpox) No Yes, Date _____

OR

- 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.

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

HEARING & VISION REQUIREMENT FOR 4 & 5 YEAR OLDS: (Check One)

- I have attached a copy of my child's Hearing and Vision Results

Hearing Results must include Hearing frequencies (1000, 2000, & 4000 Hertz)

Vision must include distance acuity (20/20, 20/30, etc)

OR

- I will use Metroplex Education Consultants to provide this service, for the cost of \$16.00

OR

- Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age.

Signature of Parent: _____ Date: _____