



Kid Care Enrollment Form

Cottonwood Creek
Kid Care Preschool
Faith Roberts, Director
FAX #214-983-1026

2

Name of Child: _____ DOB: _____

Signature of Parent: _____ Date: _____

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 our preschool program.

Health Care 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.