Klein Weekday Ministries – Health Form

All children must submit a signed health statement and current immunization records at enrollment.

- Children **4 years & older** must include **vision and hearing screening** from their 4-year well-child check.
- **All documents are due at the time of registration.**

Child Information

- **Name:** _____
- **Date of Birth:** _____

Doctor's Statement

I have examined the above-named child within the past year and find that he/she is **free of contagious illness** and **physically able to participate in a school/preschool program**.

- **Physician Name:** _____ **Phone:** _____
- **Address:** _____ **City/State/Zip:** _____

Physician Signature: _____ **Date:** _____

Hearing & Vision Screening (4+ Years Only)

Screening	Result	Date
Hearing	☐ Pass ☐ Fail	_____
Vision – Right	☐ Glasses ☐ No Glasses	_____
Vision – Left	☐ Glasses ☐ No Glasses	_____
Vision – Bilateral	☐ Glasses ☐ No Glasses	_____

Immunizations

Attach current **immunization records**.

Food Allergies

If applicable, attach a **Food Allergy Emergency Plan** signed by a **health care professional and parent**, including:

- Allergens & possible symptoms
- Step-by-step treatment instructions

A copy will be kept in the child's file for staff reference.