



<b>Office Use Only:</b>
Time: _____
Procure Entry: _____

10405 Griffith Peak Dr.  
 Las Vegas, NV 89135 (702) 921-2727 Fax (702) 921-2720  
**2024-2025 School Year**  
**Registration Form**

I understand that a **\$375 per student registration fee** is payable at time of registration. Additional siblings will have a discounted registration of **\$100**. All registration and fees are **NONREFUNDABLE**. Registration fee includes One Chapel Shirt. A separate **Education Fee of \$250** will be billed on **July 5<sup>th</sup>**. Education fees include Curriculum, Security Fee, School Supply costs.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Ethnic Origin (check those that apply, optional): American Indian or Alaskan Native \_\_\_ Asian \_\_\_  
 African American \_\_\_ Hispanic/Latino \_\_\_ White \_\_\_ Pacific Islander/Native Hawaiian \_\_\_ Two or More Races \_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employment/Title \_\_\_\_\_ Employment/Title \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

We are members of (Church): Operating Member LCMS Congregation \_\_\_ Other LCMS Congregation \_\_\_  
 Other Lutheran Congregation \_\_\_ Non-Lutheran Congregation \_\_\_ No Church Membership \_\_\_

My child was Baptized on \_\_\_\_\_ I am interested in Baptism \_\_\_\_\_ Y/N

I have another child enrolled in the Preschool \_\_\_\_\_ and/or the Academy \_\_\_\_\_.

It is my intention to enroll in Faith Academy \_\_\_\_\_ and Faith Jr/Sr High School \_\_\_\_\_.

How did you learn about our school? Referred By Friend Website Social Media Sign/Banner  
 Advertisement Sibling Attended Church Member Employee

There will be **no photography or video** of children at school by parents or relatives. Please know that their teacher will capture their school year experiences and will give them to you at the end of the year in their portfolio. The first day of school is Wednesday, August 7<sup>th</sup>, 2024, this is a tentative date subject to change.

My child will be \_\_\_\_\_ years of age on July 31<sup>st</sup>, 2024. The full day is 8:00AM to 5:00PM (**Your child may be picked up any time prior to 4:55 PM**). Children must be toilet trained (exception for two's class) The **latest time a child may arrive at school is 10:00AM**. Please let your teacher know if they will be late.

**\*Check the program below that you would like your child to attend. Teacher requests are not accepted.** The goal is to have a balanced classroom for a positive learning experience for all students.

**FULL DAY PROGRAMS AM/PM Snacks & Lunch Provided by Parents.**

**Hours are 8:00AM-5:00PM**

**TWOS** (Must be 2 by 7/31) 5 Full Days \_\_\_\_\_

**THREES** (Must be 3 by 7/31) 5 Full Days \_\_\_\_\_

**PRE-K (FOURS/FIVES)** (Must be 4 by 7/31) 5 Full Days \_\_\_\_\_

**HALF DAY PRESCHOOL PROGRAMS AM Snack & Lunch Provided by Parents.**

**TWOS** (Must be 2 by 7/31) 8:15AM -11:45AM 5 Days (M-F) \_\_\_\_\_ 3 Days (MWF) \_\_\_\_\_ 2 Days (T/TH) \_\_\_\_\_

**THREES** (Must be 3 by 7/31) 8:30-12:00PM 5 Days (M-F) \_\_\_\_\_ 3 Days (MWF) \_\_\_\_\_ 2 Days (T/TH) \_\_\_\_\_

**PRE-K (FOURS/FIVES)** (Must be 4 7/31) 8:00AM -12:30 PM 5 Days (M-F) \_\_\_\_\_

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Child's T-Shirt Size Circle One: 3T YXS YS Color: Blue \_\_\_\_\_ Red \_\_\_\_\_ Pink \_\_\_\_\_ Green \_\_\_\_\_

Additional shirts are available for \$20 and will be billed to your account.

COLOR(S): \_\_\_\_\_ SIZE(S): \_\_\_\_\_

Note: Parents will not be required to purchase school supplies this year, they will be ordered by the school and billed to your account through the Education Fee in July.

**ENROLLMENT IN THE PRESCHOOL DOES NOT GUARANTEE ENROLLMENT IN THE ACADEMY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL AGREEMENT**

2024-2025 School Year

**Please initial that each section is read and accepted.**

1. \_\_\_\_\_ (Initial) Tuition is due in 10 installments paid on **the fifth of each month (August thru May)**. Payments are due in advance of your child's attendance. The first payment is **due August 5<sup>th</sup>**. Statements will not be issued. Monthly Tuition does not include Holiday Camps. By signing this application, you are authorizing Faith Lutheran Preschool to use the Tuition Express form turned in for registration fees and tuition for the 2024-2025 school year.
2. \_\_\_\_\_ (Initial) Payments must be made through **Tuition Express**, an automatic withdrawal from your checking account or credit card (see Tuition Express form for fees, **NO AMEX**). Form is in this packet. An insufficient funds fee of \$50 will be charged if your Tuition Express payment is denied or late.
3. \_\_\_\_\_ (Initial) Should tuition become two (2) weeks delinquent, your child will be dis-enrolled.
4. \_\_\_\_\_ (Initial) The tuition is evenly distributed over the school year, so no discount is given for school holidays/breaks, vacations or days missed for personal reasons.
5. \_\_\_\_\_ (Initial) A **\$50 late pick-up fee** will be charged for the first five minutes your child is picked up late and \$50 for any additional time up to 30 minutes for full and part time students. After 30 minutes emergency contact will be called. Parents must be in the building by 4:55PM to avoid a late fee for full time students. If more than three late fees are applied, you may be asked to find alternative care.
6. \_\_\_\_\_ (Initial) Parents must provide two weeks' written notice of withdrawal from the program. If notification is not provided the parent will be responsible for all fees for the program in which the child was scheduled to attend. **No partial months will be refunded.**
7. \_\_\_\_\_ (Initial) Program selection to be billed as listed below.

**FULL DAY PROGRAM: (8:00AM – 5:00PM parent must be in the building by 4:55pm)**

_____ Twos	5 Days (M-F)	10 Payments of \$1325 per month
_____ Threes	5 Days (M-F)	10 Payments of \$1245 per month
_____ Pre-K	5 Days (M-F)	10 Payments of \$1245 per month

**HALF DAY PRESCHOOL PROGRAMS: (Must pick up at designated time)**

_____ Twos <b>8:15AM-11:45AM</b>	5 Days (M-F)	10 Payments of \$875 per month
_____ Twos	3 Days (MWF)	10 Payments of \$570 per month
_____ Twos	2 Days (T/TH)	10 Payments of \$450 per month
_____ Threes <b>8:30AM-12:00 PM</b>	5 Days (M-F)	10 Payments of \$825 per month
_____ Threes	3 Days (MWF)	10 Payments of \$545 per month
_____ Threes	2 Days (T/TH)	10 Payments of \$400 per month
_____ Pre-K <b>8:00AM-12:30PM</b>	5 Days (M-F)	10 Payments of \$820 per month

Faith Lutheran Preschool  
10405 Griffith Peak Dr.  
Las Vegas, NV 89135 (702) 921-2727 Fax (702) 921-2720

**Permission Forms  
2024-2025 School Year**

**SOCIAL MEDIA/CLASSROOM BULLETIN BOARDS/PORTFOLIOS/PUBLIC RELATIONS**

I/We understand that photographs or video taken by Faith Lutheran Preschool Staff involving my child while attending Faith Lutheran Preschool may be used in connection with **social media** and/or with the Public Relations Program for Faith Lutheran Church and Schools. In addition, Teachers and Staff may post pictures of children on bulletin boards located within the building of Faith Lutheran Preschool and on the Procure App. Names of children will not be posted or given. At the end of the year parents will receive a portfolio that will include photos of children. At no time will Faith Lutheran Preschool knowingly post a child on a brochure/flyer for the school unless a parent/guardian has approved and signed acceptance.

To respect the privacy of all our students, parent filming in the hall or classrooms is prohibited.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

**MEDICAL EMERGENCY / TRANSPORTATION PERMISSION**

I represent to the Church, under penalty of perjury, that I am the legal custodial parent or court-appointed guardian of this child. I agree to the following conditions during the term of my child's enrollment at Faith Lutheran Preschool.

**ON CAMPUS ACTIVITIES**

I understand and agree that my child may be attending activities in the chapel, playground, library, other classrooms with the supervision of the Preschool staff. I give permission for my child to participate fully in such activities.

**MEDICAL EMERGENCY / TRANSPORTATION**

I authorize Faith Community Lutheran Church and Schools, its employees, members, agents, and representatives to engage the services of any licensed physicians, hospitals, emergency medical or paramedic personnel to render emergency medical treatment to my child if deemed necessary at the sole discretion of Faith Community Lutheran Church. I agree to be responsible for all costs incurred in the rendering of such medical treatment to my child. In the event of an emergency evacuation, I authorize Faith Community Lutheran Church, its employees, members, agents, and representatives to transport my child to the appropriate evacuation site.

**RELEASE AND INDEMNITY**

I release from liability and agree to indemnify Faith Community Church and Schools, its employees, members, and representatives from and against all claims, costs, attorney fees, or judgments arising out of or in any way connected to (1) the care provided to my child by Faith Lutheran Preschool, or (2) any act or omission of my child which causes damage or injury to any person or property.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

Faith Lutheran Preschool  
10405 Griffith Peak Dr.  
Las Vegas, NV 89135 (702) 921-2727 Fax (702) 921-2720

This signed receipt is required by the Nevada Bureau of Childcare Services and must be placed in your child's file.

Child's Name \_\_\_\_\_

**PARENT/GUARDIAN NOTIFICATION OF NRS.178**

I, \_\_\_\_\_, (parent/guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(en's) enrollment.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian                      Date

**PERMISSION TO RELEASE INFORMATION**

I understand that during the time my child is in the facility the director may be asked for information regarding my child.

\_\_\_\_ I hereby only give permission to release information to official persons, who identify themselves, such as schools, health care personnel, welfare, or other governmental officials.

\_\_\_\_ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Childcare will have access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian                      Date

**PARENT HANDBOOK RECEIPT**

I have read the Parent Handbook (available on our website or you may request a printed copy) and in choosing Faith Lutheran Preschool, agree to support the guidelines of this Handbook.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian                      Date



10405 Griffith Peak Dr. Las Vegas, NV 89135  
(702) 921.2727 Fax (702) 921.2720

**CHILD ENROLLMENT FORM**  
**For office and child's teacher use**  
**2024-2025 School Year**

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

What name does your child like to go by? \_\_\_\_\_

**Mother's Information**

**Father's Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

Are there any current and/or recent events in your family that the teacher and office need to know to meet your child's developmental needs (for example, family death, divorce, a move, hospitalization)?  
\_\_\_\_\_

Names & ages of other children in the family \_\_\_\_\_

Has your child been enrolled in preschool before Y/N? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Was your child a premature birth Y/N? \_\_\_\_\_ If yes how many weeks premature? \_\_\_\_\_

Is your child on regular medication? \_\_\_\_\_

Does your child have any developmental delays or has been assessed for physical, learning, or behavioral developmental delays or concerns Y/N? \_\_\_\_ If yes, please explain. **This will help us determine if our group learning program can meet your child's needs.**  
\_\_\_\_\_  
\_\_\_\_\_

Please answer yes or no. Does your child need assistance with dressing? \_\_\_\_\_ Toileting? \_\_\_\_\_ Eating? \_\_\_\_\_

Language spoken in the home \_\_\_\_\_. **Please note children of speaking age 3-5 years old must be able to, in English, communicate basic needs and understand basic teacher requests. This is for the safety of staff and students. Two-year-olds developing language need to have a least one parent/caregiver in the home speaking English.**

Does your child have any allergies Y/N? \_\_\_\_\_

If yes, please list allergy and date of medical diagnosis. \_\_\_\_\_

What is the protocol followed if your child is exposed to this listed allergen? \_\_\_\_\_

Will you be providing an EPI pen for your child's allergies? \_\_\_\_\_

Does your child take naps? How long? \_\_\_\_\_

Does your child attend Church or Sunday School? \_\_\_\_\_

What kinds of pets, if any, does your child have? \_\_\_\_\_

What is your child's play experience with other children (neighbors, playgroups, relatives) \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears, anxieties, or special habits we should be aware of? \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from preschool? \_\_\_\_\_

\_\_\_\_\_

Each child is such a unique creation that our final question to you, the parents, is open. If there is anything which you feel will help us to know and better understand your child, please use the space below. If at any time during the year, there are changes in your child's life, let us know that also. Thank you for your cooperation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

**EMERGENCY REGISTRATION FORM**

Childcare Facility: Faith Lutheran Preschool, 10405 Griffith Peak Drive, Las Vegas, NV 702-921-2727

Child Information:

Last name \_\_\_\_\_ First name \_\_\_\_\_ Religion \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

**Authorized person (other than parent) who may be called in an emergency or for pick-up. Must list at least one.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Required immunizations (MUST be viewed by Childcare Facility) If not completed current immunization record must be attached.

Recorded with Doctor	Health Dept	Military				
DATES	DPT	POLIO	MMR	HIB	HEP B	HEP A
Series	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____
Boosters	4. _____ 5. _____	4. _____ 5. _____		4. _____		

In the event of accident or illness to the child, I hereby authorize operator of this child care facility to secure any necessary medical aid and/or treatment from: Doctor \_\_\_\_\_ or the doctor who is on call or available from the \_\_\_\_\_ hospital/clinic or the nearest hospital or clinic.

In the event I cannot be contacted immediately for notification or shall fail or refuse to remove the child affected with a communicable disease or other valid reason after notification of illness and request for removal of the child, I understand that the appropriate authorities may remove my child from the premises of this childcare facility.

Furthermore, I agree to be directly responsible for all costs and expenses connected with the examination, diagnosis, treatment, and removal of this child.

**Date \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_**

HEALTH RECORD OF CHILD

Date of last physical exam \_\_\_\_\_ Physician's name \_\_\_\_\_

Give date if child has had any of the following:

Chicken pox \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Asthma \_\_\_\_\_

Hay fever \_\_\_\_\_ Epilepsy \_\_\_\_\_ Diabetes \_\_\_\_\_ Whooping cough \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

**Is the child allergic to any foods? (list foods) \_\_\_\_\_**

**What are your child's reactions to allergy foods? \_\_\_\_\_ Epi Pen Needed? \_\_\_\_\_**

Does the child have any special problems? \_\_\_\_\_

Has the child ever been in **Licensed Childcare** before? \_\_\_\_\_ Where? \_\_\_\_\_

Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_





Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**Hop aboard the Tuition Express and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

**For Bank Account Authorization, complete and return to center management. No additional Fees. Changes to current accounts on file must be provided a minimum of 5 days prior to the current billing cycle.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) authorize Faith Lutheran Preschool (In the Beginning Child Development Center) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize Faith Lutheran Preschool to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize Faith Lutheran Preschool to use the third-party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address	Bank or Credit Union Address	
City	State	Zip
City	State	Zip
Type:    Checking _____    Savings _____		
Routing Transit Number (see sample below)		Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify Faith Lutheran Preschool in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Record Retention Notice: The childcare provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



**Please attach a copy of a voided check here. Deposit slips not accepted.**



Parent's Name \_\_\_\_\_  
Child's Name \_\_\_\_\_

**For Credit Card Authorization, complete and return to center management.**

**A 2.7% service fee will be applied each month tuition is withdrawn.**

**\*\*\*\*We do not accept AMEX.**

**Changes to current accounts on file must be provided a minimum of 5 days prior to the current billing cycle.**

**CREDIT CARD PAYMENT AUTHORIZATION**

I (we) hereby authorize Faith Lutheran Preschool (In the Beginning Child Development Center) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the referenced credit card account below will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and Faith Lutheran Preschool. I (we) authorize Faith Lutheran Preschool. to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between Faith Lutheran Preschool and the signed cardholder below. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give Faith Lutheran Preschool written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT FAITH LUTHERAN PRESCHOOL REPRESENTATIVES  
FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

\_\_\_\_\_  
Cardholder Name Phone # \_\_\_\_\_  
\_\_\_\_\_  
Cardholder Billing Address Account Number (NO AMEX Accepted) \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Expiration Date \_\_\_\_\_  
\_\_\_\_\_  
Cardholder Signature Date \_\_\_\_\_

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only: Date Received: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_

Record Retention Notice: The childcare provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

Faith Lutheran Preschool  
10405 Griffith Peak Ave  
Las Vegas, NV 89135 (702) 921-2727

## 2024-2025 Notice of Pesticide and Air Freshener Application

This signed receipt is required by Southern Nevada Health District.

A pesticide application is scheduled quarterly at Faith Lutheran Preschool and is applied inside and outside as required by law. The application of pesticide is provided by a licensed pest control operator and required by the SNHD.

Air Fresheners may be used on an as needed bases in the classrooms and/or bathrooms.

Please see the front desk if you require any further information regarding these two items.

\_\_\_\_\_ I have read the above notification.

\_\_\_\_\_  
**Child's Full Name**

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

## Registration Requirements

Initial that each section below is completed in full for registration submittal.

This page must be signed by Faith Lutheran Preschool Office Personnel upon submittal.

### Initial

- \_\_\_\_\_ 1. Registration Forms
- \_\_\_\_\_ 2. Financial Agreement
- \_\_\_\_\_ 3. Permission Forms- Social Media, Medical Emergency/Transportation, Parent Notification, and Release of Information
- \_\_\_\_\_ 4. Parent Handbook Receipt
- \_\_\_\_\_ 5. Child Enrollment Form
- \_\_\_\_\_ 6. Emergency Registration Form
- \_\_\_\_\_ 7. Tuition Express Form (Checking Account or Credit Card) \*Note: Debit cards are run as credit card fees apply.
- \_\_\_\_\_ 8. Pesticide and Air Freshener Notification
- \_\_\_\_\_ 9. Health Evaluation Form with a copy of updated immunizations must be completed and turned into Faith Lutheran Preschool Office Personnel by **July 8, 2024**. If not received by the start of school your child will not be permitted to attend until completed and turned in.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Faith Preschool Office Personnel**



10405 Griffith Peak Dr.  
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**HEALTH EVALUATION FORM**

**(must be signed by Dr. or Nurse)**

This form is **due by 7/8/2024** to attend school.

I have examined (child's full name) \_\_\_\_\_ and find this child to be in general good health. I find this child suitable for enrollment in a childcare program.

Are there any conditions or treatments required that the childcare center would be unable to handle and would prevent this child from adjusting to a childcare group program Y/N? If yes reason: \_\_\_\_\_

Any known conditions and or delays the school should be aware of:

\_\_\_\_\_

Please note if the above-named child is on any prescribed medications:

\_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Date of examination \_\_\_\_\_

\_\_\_\_\_  
Physician or Nurse name (please print)

\_\_\_\_\_  
Signature of Physician or Nurse